

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County AUDRAIN

(b) City or town RURAL - CUIVRE TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4 MILE WEST VANDALIA  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 11 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN

(c) City or town RURAL CUIVRE TWP  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 MILE WEST VANDALIA  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SALLIE HOGUE

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM HOGUE 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased DECEMBER 10 1870  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MILLER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name ANDREW ROBINETT

13. Birthplace CULPEPPER COUNTY VIRGINIA  
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA PHILLIPS

15. Birthplace CULPEPPER COUNTY VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM W HOGUE

(b) Address FARBER MISSOURI

17. (a) BURIAL (b) Date thereof FEB 20 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FARBER MO

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Missouri

19. (a) Feb 20 1942 Mellie Fugate  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th.  
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1940 to Feb 18, 1942,  
that I last saw h. or alive on Feb, 16-1942, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis (Chronic) Ascites.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes (Chronic)  
(Include pregnancy within 3 months of death)  
Hypertension

Major findings: Of operations 61

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. K. McCall (M. D. or other) D

Address Ladonia Mo. Date signed 2-19-42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-331

Date Filed MAR 10 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm B. Waters

Licensed Embalmer No. 4169

P. O. Address: Tandalia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.