

FILED JAN - 8 1942
Registration District No. 77

Primary Registration District No. 3008

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

1. PLACE OF DEATH: Calloway
 (a) County Fulton mo
 (b) City or town Fulton mo
 (c) Name of hospital or institution: State Hospital mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 yr 1 mth
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME JOSEPH B OGLE
 (b) If veteran, name war DK
 3. (c) Social Security No. DK

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 1915
 (Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 15
 If less than one day hr. _____ min.

9. Birthplace Moberly Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation salesman

11. Industry or business _____

MOTHER FATHER
 12. Name J J Ogle
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Elmer M. Philson
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Records
 (b) Address _____

17. (a) Burial (b) Date thereof Dec 27 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan & Co
 (b) Address Moberly Mo

19. (a) 12-25-1942 (b) Joie Morankoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Balladally
 (c) City or town Moberly 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. 957 West Calloway 1
 (If rural, give location) 2
 (e) If foreign born, how long in U. S. A.? native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
 year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Dec 25, 1942
 that I last saw him alive on Dec 24, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 4 days

Due to _____
 Due to _____

Other conditions Pulmonary Tuberculosis unkn
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy J J Neal
Columbia mo

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 J J Neal (M. D. or other) MD
 Address Fulton mo Date signed 12-25-42

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..... *Frank D. DeWitt*

Licensed Embalmer No. *3021*

P. O. Address..... *Moberly, Mo*

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.