

State File No.

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural - Boles, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Labadie - R.F.D. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 81 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Labadie R.F.D. #1
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN G VOGT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Vogt

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Jan. 12 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 0 9 hr. min.

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

10. Usual occupation Farming

11. Industry or business Own Farm

12. Name Jacob Vogt

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Nell

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Vogt

(b) Address Washington, Mo R.F.D. #1 W.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director W. H. Berg, With me

(b) Address Washington, Mo

19. (a) 1/23/43 (Date received local registrar) (b) Harold C. Botcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 18 1943 to Jan 21 1943
that I last saw him alive on Jan 21 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Hypertension

Due to Chronic Interstitial nephritis

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

Major findings: Of operations no operation

Of autopsy no 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?

(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 R. R. Cottle, M.D. (M. D. or other) 1/22/43

Address Washington Mo Date signed 1/22/43

Question Physician

Physician Robert Cottle

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36
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1118

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.....

.....
working under my personal supervision.

Lester H. Vitt, Registered Apprentice No. ~~3254~~

Signed.....
Lester H. Vitt

Licensed Embalmer No. *3254*

P. O. Address. *Washington, Md*

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.