

FILED APR 14 1943
Registration District No. 278

Primary Registration District No. 5953

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural Bull Sho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Clark
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME

Kathrine Ogden

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Ogden
6. (c) Age of husband or wife if alive L years
7. Birth date of deceased Aug. 30 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At home
12. Name David McCulloch

13. Birthplace Pike Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scholl
15. Birthplace Pike Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. Page
(b) Address Clarksville Mo.

17. (a) Burial (b) Date thereof Mar. 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dolan Cemetery

18. (a) Signature of funeral director James Threl
(b) Address Louisiana Mo.

19. (a) Mar 8/43 (b) McHaley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar 1st 1943 to March 7 1943;
that I last saw her alive on March 6th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the intestine (Sigmoid flexure)
Due to not known

Duration 4 months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 462
Of autopsy _____
PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 E. M. Bartlett (M. D. or other)
Address Clarksville Mo Date signed 3/9/43

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

MOTHER FATHER

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 J. B. Starnel.....

Licensed Embalmer No. 4039.....

P. O. Address Louisiana Mo......

RECEIVED
District Health Officer No. 10
District File Number 43-721
Date Filed APR 13 1943

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.