S. No. 2
M—2-
5-17
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30882

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3780

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 1 year

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Kansas (b) County: Wyandotte 14
(c) City or town: Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R2 Box 520
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: MRS. FRANCES LAKE OGDEN
3. (b) If veteran, name war: XX
3. (c) Social Security No.: No
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frank Ogden
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: October (Month) 16 (Day) 1901 (Year)

8. AGE: Years 41 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace: Pine Bluff (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER
12. Name: Charles J. Lake
13. Birthplace: Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lutie Black
15. Birthplace: Ark. (City, town, or county) (State or foreign country)
16. (a) Informant: Frank Ogden, Jr.
(b) Address: R #2, Box 520, KCK
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Stamps, Arkansas
18. (a) Signature of funeral director: J M Wagner
(b) Address: Kansas City, Mo.
19. (a) 9-1-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 31st year: 1943 hour: 6: minute: 40 A.M.
21. I hereby certify that I attended the deceased from Aug 29 1943 to Aug 31 1943 that I last saw her alive on Aug 31 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General peritonitis	2 da
Due to: Delivery of baby	8/28/43
Due to:	
Other conditions (Include pregnancy within 3 months of death): 147 lb	
Major findings: Of operations: no	
Of autopsy: no	

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) Manner of injury:
23. Signature: [illegible] (M.D. or coroner)
Address: [illegible] Date signed: 9/11/43

(Licensed Embalmer's Statement on Reverse Side)

Proof.
V. 1105

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.