

**FILED OCT 13 1943**

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **4200**

**1. PLACE OF DEATH:**

(a) County **Richmond**  
(b) City or town **Richmond**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **St. Joseph**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **Ray**  
(c) City or town **Richmond** (If outside city or town limits, write "RURAL")  
(d) Street No. **Rural** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME **Wm Clyde OGG**

3. (b) If veteran, name war **110** 3. (c) Social Security No. **00**

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Rata** 6. (c) Age of husband or wife if alive **61** years  
7. Birth date of deceased **not known** (Month) (Day) (Year)

8. AGE: Years **64** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Richmond MO** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

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

MOTHER FATHER { 12. Name **not known**  
13. Birthplace **not known** 9 (City, town, or county) (State or foreign country)  
14. Maiden name **not known**  
15. Birthplace **not known** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **Loretta B. Sheering**

(b) Address **Richmond MO**

17. (a) **Removal** (b) Date thereof **10-2-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond MO**

18. (a) Signature of funeral director **E. Thurman**

(b) Address **Richmond MO**

19. (a) **10-3-43** (b) **H. C. Brown** (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **OCT** day **3** year **43** hour **9** minute **40 A.M.**  
21. I hereby certify that I attended the deceased from **OCT. 1**, 19**43**, to **OCT. 3**, 19**43** that I last saw him alive on **OCT. 2**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION** Duration **6 DAYS**

Due to \_\_\_\_\_  
Due to **44**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **CORONARY OCCLUSION WITH EXTENSIVE MYOCARDIAL NECROSIS**

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 **R. C. Lintyard D. M.D.** (M. D. or other) **MD**  
Address **6844 Prospect St. St. Louis** Date **10-3-43**

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

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**