

FILED DEC 23 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42926

Registration District No. 201

Primary Registration District No. 43/2

Registrar's No. 331

1. PLACE OF DEATH:
 (a) County Mason
 (b) City or town Ethel
 (c) Name of hospital or institution: -
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 63 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Mason
 (c) City or town Ethel
 (If outside city or town limits, write "RURAL")
 (d) Street No. - (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country -

3. (a) FULL NAME ANNA SUSAN HOGENSON
 (b) If veteran, name war - (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 1 year 1943 hour 8 minute 15 P.M.
 21. I hereby certify that I attended the deceased from Dec 6th, 1943 to Dec 6th, 1943 that I last saw her alive on Dec 6th, 1943 and that death occurred on the date and hour stated above.

4. Sex F.m. 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife May 6, 1855 6. (c) Age of husband or wife if alive - years (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 1 yr
 Due to -
 Due to -
 Other conditions Draping lower limbs (Include pregnancy within 3 months of death) 1 wks

8. AGE: Years 88 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Armedahl, Norway (City, town or county) (State or foreign country)

10. Usual occupation Home keeping

11. Industry or business -
 12. Name Fars Olson
 13. Birthplace Armedahl, Norway (City, town or county) (State or foreign country)
 14. Maiden name Bertha Jensen
 15. Birthplace Armedahl, Norway (City, town or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations -
 Of autopsy no 938
 Underline the cause to which death should be charged statistically.

16. (a) Informant Andrew L. Hogenson
 (b) Address Ethel, Mo.
 17. (a) Burial, cremation, or removal Burial (b) Date thereof Dec 8, 1943 (Month) (Day) (Year)
 (c) Place: burial or cremation Ethel, Mo.
 18. (a) Signature of funeral director Parson Funeral Service
 (b) Address Ethel, Mo.
 19. (a) Dec 8, 1943 (Date received local registrar) (b) Thos. O. Edwards (Registrar's signature)

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 Ch. West (M. D. or other) Address New Bern, Mo. Date signed Dec 7, 1943

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

MOTHER FATHER

1071

RECEIVED

District Health Officer No. 10

District File Number 13-43-2960

Date Filed DEC 27 1943

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.....

A. 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.