

FILED DEC 17 1943

Registration District No. _____

Primary Registration District No. 5924

Registrar's No. 345

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Dresden miss

(c) Name of hospital or institution: Dresden

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Dresden (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) PRINT FULL NAME Ted Ogle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or Race w

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 13 1889

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>4</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace not known

(City, town, or county) (State or foreign country)

10. Usual occupation Common laborer

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 Lee Hudson

(b) Address Dresden mo

17. (a) Burial (b) Date thereof 11-7-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dresden mo

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte mo

19. (a) Nov-8-43 (b) Mrs Anna C. Seyer

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4

year 1943 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 1

1943, to Nov 4 1943

that I last saw him alive on Nov 4 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 4 days

Due to gla

Due to _____

Other conditions Hypertension + Gastric ulcer

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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)

(c) Means of injury _____

23. Signature N. J. Bishop (M. D. or other) _____

Address Sedalia mo Date signed 11-9-43

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

