

S. No. 2
DOM-2-43
ev. 5-17-39
P-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10925

FILED APR 7 1944
Registration District No. 116

Primary Registration District No. 3020

State File No. _____

Registrar's No. 30

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

1. PLACE OF DEATH: FRANKLIN
(a) County FRANKLIN
(b) City or town WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr.
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town New Haven
(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 ANNA MARIE JULIA VOGT
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9
year 1944 hour 5:15 minute P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married. divorced MARRIED
6. (b) Name of husband or wife FRITS VOGT 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased. APRIL 13 1878
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: Proas. hit by a Mo-Betic passenger train in his car
Due to: on the main crossing at New Haven, Mo.

8. AGE: Years 65 Months 10 Days 26 If less than one day hr. _____ min. _____

Due to: Fractured neck & laceration
Other conditions: about the face
(Include pregnancy within 3 months of death)

9. Birthplace Beaufort Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Kleury Breckenkamp
13. Birthplace New Haven Mo (City, town, or county) (State or foreign country)
14. Maiden name Kathleen Muller
15. Birthplace New Haven Mo (City, town, or county) (State or foreign country)

Major findings: Of operations 170a-4
Of autopsy 173
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Fritz Vogt
(b) Address New Haven Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation New Haven Land
18. (a) Signature of funeral director [Signature]
(b) Address New Haven Mo
19. (a) 3/12/44 (Date received local registrar) (b) [Signature] (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 136
(b) Date of occurrence March 9, 1944
(c) Where did injury occur? New Haven Franklin Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? _____ (Specify type of place)
(e) Means of injury fractured neck
p. Signature Ernest P. Ottmann (M. D. or other) coroner
Address Harold, Mo. Date signed 3-11-44

1181

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-44

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 Earl Festeg.....

Licensed Embalmer No. 73385.....

P.O. Address York Haven.....

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.