V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29684

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

R. E. Mitchem

State File No. 24684

FILED AUG 14 1944

Registration District No. 1428 Primary Registration District No. 2000 Registrar's No. 634

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1120 E. Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 26
(If outside city or town limits, write "RURAL")
(d) Street No.: 1120 E. Chestnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: John W. Fogle
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Anna V. Fogle
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: Oct. (Month) 19, (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	13	hr. min.

9. Birthplace: Bloomington (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Retired
11. Industry or business: Methodist Minister
FATHER
12. Name: William A. Fogle
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country) 1
MOTHER
14. Maiden name: Mary (Unknown)
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant: Mrs. Anna V. Fogle
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Galloway, Mo.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 8-4-44 (Date received local registrar) (b) for W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 2 year: 1944 hour: 1 minute: 30 a. M.
21. I hereby certify that I attended the deceased from October, 1943, to July 31, 1944, that I last saw him alive on July 31st, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Cardiac Decompensation
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Richard E. Mitchem (M. D. or other) M.D.
Address: Ozark, Missouri Date signed: 8-4-44

984 (Licensed Embalmer's Statement on Reverse Side)

AUG 16 1944

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.