

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

64  
2  
0

**1. PLACE OF DEATH:**  
(a) County Marion  
(b) City or town Palmyra  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 118 West Jackson  
(If not in hospital or institution, write street number or location) ✓  
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Edward Mogk  
3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Martin  
6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased October 29 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hannibal, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Factory Employee

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

**MOTHER FATHER**  
12. Name Leonard Mogk  
13. Birthplace Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Barbara Kalbinger  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs William Fogle  
(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/44 (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Palmyra

18. (a) Signature of funeral director Lucretia Brand  
(b) Address Palmyra, Missouri

19. (a) July 3 (Date received local registrar) (b) Mrs Margaret Medley (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Marion 64  
(c) City or town Palmyra 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 118 West Jackson  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 1 year 1944 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 28 1944 to July 1 1944 that I last saw him alive on July 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 2 wks  
?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Supplemental Information Requested  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) 0  
Address Palmyra Mo Date signed 7/3/44

**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 Robert Lewis

Licensed Embalmer No. 23821

P. O. Address Palmyra, 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.**