

FILED AUG 3 1944

Registration District No. **225**

Primary Registration District No. **4335**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **Tipton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **34 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ernest Vogel**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lucy Vogel** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **July, 3rd, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 3 hr. min.

9. Birthplace **France**
(City, town, or county) (State or foreign country)

10. Usual occupation **Woodworker**

11. Industry or business **Operated shop.**

12. Name **Alvin Vogel**

13. Birthplace **France**
(City, town, or county) (State or foreign country)

14. Maiden name **Kathryn Vogel**

15. Birthplace **France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucy Vogel**

(b) Address **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof **7-10-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: **Catholic Cemetery Tipton, Mo**
(Place: burial or cremation)

18. (a) Signature of funeral director **James E. Richards**
(b) Address **Tipton, Mo.**

19. (a) **July 8/44** (b) **Mrs. Lois Ferguson**
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Tipton**
(If outside city or town limits, write "RURAL")
(d) Street No. **No street numbers**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Native**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th**
year **1944** hour **7** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **7/6/44**, 19**44**, to **7/6**, 19**44**, that I last saw him alive on **7/6**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **30 M.**

Due to **Arterio sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **83a!** Of autopsy **83a!** 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) (2) Means of injury _____

23. Signature **J. F. Potts** (M. D. or other) **0**
Address **Tipton, Mo.** Date signed **7/7/44**

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

6820

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed.....

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Jamece E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton 220

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.