

Registration District No. **FILED NOV 30 1944**

Primary Registration District No. **6076**

Registrar's No. **2290**

9600

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

1. PLACE OF DEATH

(a) County **St. Louis**
(b) City or town **Wentworth District**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **6520 Curtis Ave 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Platte** **82**
(c) City or town **Russell** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **no** **1** years.

3. (a) PRINT FULL NAME **MOLLIE S. OGDEN**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Clamp Ogden** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 18 1898**
(Month) (Day) (Year)

8. AGE: Years **38** Months **1** Days **18** If less than one day hr. min.

9. Birthplace **Platte Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stamps**

11. Industry or business

12. Name **Samuel C. Jamison**

13. Birthplace **Platte Co MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Denton**

15. Birthplace **Platte Co MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clamp Ogden**
(b) Address **Bowling Green MO**

17. (a) **Burial** (b) Date thereof **11 14 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Artich Cemetery MO**

18. (a) Signature of funeral director **James Thompson**
(b) Address **Bowling Green MO**
19. (a) **NOV 9 1944** (b) **E. S. McLaughlin**
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6** year **1944** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **9-14-38** that I last saw her alive on **11-6-44** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular renal disease**

Due to _____
Due to **131a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____
Signature **Salceen** (M. D. or other) **MD**
Address **5047 N. Union** Date signed **11-14-44**

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

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 Grace Bonhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, Va.

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, above space should be left blank.