

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Rural Portageville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 mi. North of Portageville, Mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Bogard
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 18 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Kentucky
 10. Usual occupation Farmer

MOTHER { 11. Industry or business _____
 12. Name John Bogard
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Nellie Ballers
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Wesley Wilson
 (b) Address Portageville, Mo.
 17. (a) Burial (b) Date thereof Oct-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director N. A. Dean
 (b) Address Portageville, Mo.
 19. (a) 10/25/1944 (b) Ellen DeLisle
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 26
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Oct., 18, 44, 19____, to _____, 19____;
 that I last saw him alive on Oct 24-44, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Duration _____
 Due to Arteriosclerosis
 Due to Unknown 83a
No blood test
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Paralysis & Conc
 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?
 While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature A. A. Reeder (M. D. or other) _____
 Address Portageville, Mo. Date signed 10/28

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

RECEIVED

District Health Office No. 2,

District File Number 124-1647

Date Filed 12-14-44

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.