S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 208

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10179

Primary Registration District No. ~~4354~~ 5763 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural Union Twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County County

(c) City or town Rural Fio 4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JASPER R BOGENER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lorena Bogener

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 11 (Month) 6 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	3	13	hr. min.

9. Birthplace Lewiston Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name John Bogener 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johnson
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant R. Wayne Bogener
(b) Address Keil & Prospect, E. Peoria, Ill.

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Providence Benbow Co

18. (a) Signature of funeral director B. M. Allen
(b) Address Philadelphia Missouri

19. (a) 2-22-45 (Date received local registrar) (b) M. Maddox Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 2 day 19
year 1945 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from July 20, 1942 to Feb. 19, 1945; that I last saw him alive on Feb. 19, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	2 days
Due to Arteriosclerosis	
Due to chronic diffuse glomerular nephritis.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131	
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? (e) Means of injury 2

23. Signature C. E. Shriver (M. D. or other) DO

Address Philadelphia MO Date signed 2-20-45

1145

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1945

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 B M Allen

Licensed Embalmer No. 2437

P. O. Address Philadelphia

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.