

FILED DEC 7 1945

Registration District No. 23

Primary Registration District No. 3014

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty

(c) Name of hospital or institution: 117 N. Water St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty
(If outside city or town limits, write "RURAL")

(d) Street No. 117 N. Water St.
(If rural, give location)

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

If yes, name country: ✓

3. (a) PRINT FULL NAME STERLING PRICE BOGGESS

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1945 hour 12 minute 10 PM.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Laura Mabel Bogges

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 28 - 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1935 to Nov. 12, 1945

that I last saw him alive on Nov. 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

8. AGE: Years 83 Months 9 Days 14 If less than one day hr. — min.

Due to Generalized Arteriosclerosis

Due to —

9. Birthplace near Liberty Mo.
(City, town, or county) (State or foreign country)

Other conditions Terminous Anemia
(Include pregnancy within 3 months of death)

10. Usual occupation Merchant

15 yr. PHYSICIAN

11. Industry or business Retired

Major findings: Of operations 940

MOTHER FATHER

12. Name John Bogges

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

14. Maiden name Margaret Jane Dunlap

15. Birthplace Shawnee Missouri - Kansas
(City, town, or county) (State or foreign country)

Of autopsy 940

22. If death was due to external causes, fill in the following:

16. (a) Informant Mr. Laura M. Bogges

(b) Address 117 N. Water Liberty Mo.

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Nov. 14 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Funerary Home Liberty

While at work: _____ (Specify type of place)

(e) Means of injury 0

18. (c) Signature of funeral director Church - Archer Co

(b) Address Liberty Mo

23. Signature Blaine W. Henderson (M. D. number) _____

Address Liberty, Mo Date signed 11/13/45

19. (a) Nov. 14 45 (b) Stalin Haynes
(Date received local registrar) (Registrar's signature)

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

4
2
1

RECEIVED

District Health Officer, No. 8,

District File Number

Date Filed

12-5-72

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

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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.