

S. No. 2
OM-5-43
v. 5-17-39
1 X3667

STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1945

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution St. Johns Hospital
(d) Length of stay: 3 hrs.
In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Napa
(c) City or town Napa
(d) Street No. 707 Randolph
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Herbert William Ogburn
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 13
year 1945 hour 1 minute 10 P.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife Baby
7. Birth date of deceased Aug 17 1942

21. I hereby certify that I attended the deceased from Nov 13-45 to Nov 13-45
that I last saw him alive on Nov 13-45
and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 2 Days 26
If less than one day hr. min.

Immediate cause of death Lymphatic Leukemia
Due to Terminal Pneumonia

9. Birthplace Joplin Mo.
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations - Of autopsy -

11. Industry or business
12. Name Herbert Wm Ogburn
13. Birthplace Joplin Mo.
14. Maiden name Lois Overstreet
15. Birthplace Galena Kan

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Lois Ogburn
(b) Address Napa Calif
17. (a) Place: burial or cremation Galena, Kan
(b) Date thereof 11/13-45
18. (a) Signature of funeral director Frank Allison
(b) Address Galena, Kan
19. (a) Date received local registrar 11-13-45
(b) Registrar's signature Ed D. James

23. Signature Walter Howard (M.D. or other)
Address Joplin Mo Date signed 11/13/45

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

17
2
5

1404

45-11-901

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

Removed to Galina Kaw No. Emb.

Registered Apprentice No.

working under my personal supervision.

Signed *Frank Allison*

Kaw Licensed Embalmer No. *1321*

P. O. Address *Galina Kaw*

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.