

FILED 55011 1946

Registration District No. **6093**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(c) Name of hospital or institution **R.F.D. 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 **50 Years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. 1**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Annie Hummel Vogl**

3. (b) If veteran, name war **#** 3. (c) Social Security No. **#**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **December 7 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **I** Days **I2** If less than one day _____ hr. _____ min.

9. Birthplace **Millheim Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Unknown**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Vogl**
(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 21/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park Cemetery**

18. (a) Signature of funeral director **J. J. Sullivan**
(b) Address **Marshall, Mo.**

19. (a) **1-21-46** (b) **M. J. Kowalski**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19** year **46** hour **4** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **1935** to **1946** that I last saw him alive on **Jan 19 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Nephrosclerosis - Hypertension**

Due to **Chronic nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131** 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 _____

23. Signature **J. R. Lawrence** (M. D. or other) _____
Address **Marshall, Mo.** Date signed **Jan 21-46**

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

RECEIVED

District Health Officer No. 8,

District No. _____

Date Filed

2-8-46

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

J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.