

FILED APR 11 1946
Registration District No. 369

Primary Registration District No. 6257 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Wagon
(b) City or town Patterson Logan
(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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wagon
(c) City or town Patterson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM T. BOGG

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

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 20 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lead Co.

11. Industry or business Lead Co.

12. Name J. C. Bogg
13. Birthplace Ill.
(City, town or county) (State or foreign country)
14. Maiden name Charley Bennett
15. Birthplace Patterson Mo.
(City, town or county) (State or foreign country)

16. (a) Informant M. Bogg
(b) Address Patterson

17. (a) Burial (b) Date thereof 3 27 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson

18. (a) Signature of funeral director W. S. ...
(b) Address Quinnville Mo.

19. (a) 4-5-1946 (b) Bussie O. Piles.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 1 1945
to March 25 1946
that I last saw him alive on 24 March 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis, Chronic Endocarditis, Chronic Lead Poison

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no 131

Duration

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 J. B. Midland (M: D. or other) _____
Address Patterson Mo. Date signed 4-1

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

MOTHER FATHER

1546

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.....

Coder Funeral Home, Registered Apprentice No.....
working under my personal supervision.

Signed *William Coder*
Licensed Embalmer No. *3723*
P. O. Address *Piedmont, 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.