

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12592

State File No. _____

FILED MAY 13 1946

Primary Registration District No. 5288

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Clay Washington twp
(b) City or town Rural Washington twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mile north of Milwaukee, track
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.
(c) City or town Saint Louis, Mo 504
(If outside city or town limits, write "RURAL")
(d) Street No. 3815 Magnolia, ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GERALDINE BOGHER

3. (b) If veteran, name war no
3. (c) Social Security No. Yes, Not Known

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1946 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Clinton Bogher
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 12 1876
(Month) (Day) (Year)

Immediate cause of death Suicide
Jumped in front of a Milwaukee
Passenger train, No. 1, mile
west of Milwaukee, Spout
Evans Springs, Mo.
Due to _____

8. AGE: Years Months Days If less than one day
69 11 17 hr. _____ min.

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

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

10. Usual occupation Sebarian, State Blind School

11. Industry or business St. Louis, Mo.

12. Name John Nelson Craven

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

14. Maiden name Fannie Mansar

15. Birthplace Amos Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Archie Craven

(b) Address 717 South Marietta

17. (a) Burial (b) Date thereof May 2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson, Mo.

18. (a) Signature of funeral director Virgil Hope
(b) Address Excelsior Springs, Mo.

19. (a) 5/2/46 (b) Lawson Butcher
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence April 29, 1946
(c) Where did injury occur? 1 mi north of E. Spg. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Milwaukee R.R. tracks,
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature R.W. Prather coroner
Address Excelsior Springs, Mo Date signed 5-2-46
(M. D. or other) 3

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

MOTHER FATHER

24
6
0

11597

62

RECEIVED

District Health Order No. 6,

District File Number.....

Date Filed 5-20-46

MAY 20 1946

OCT 29 1946

APR 6 1951

MAY 21 1946

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Explosion Springs 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.