S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17145

Registration District No. 174 Primary Registration District No. 3038 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
16th & Franklin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")

(d) Street No. 16th & Franklin 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DUDLEY THOMAS BOGIE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Alice May Thornton

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Mar. (Month) 22 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	1	13	hr. min.

9. Birthplace Huntsville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retail

FATHER
12. Name Thomas D. Bogie
13. Birthplace Huntsville (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Virginia Mamas
15. Birthplace Huntsville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. D.T. Bogie
(b) Address Lexington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 7 (Day) 1946 (Year)
(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Tempel
(b) Address Lexington, Mo.

19. (a) 5 June '46 (Date received local registrar) (b) Nannie E Eastwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1946 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from 5th May 46, 19, to , 19;
that I last saw him alive on 5 May, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	unknown
Due to: Hypertension + arteriosclerosis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Joe W. Ward Mo (M. D. or other)
Address Lexington, Mo Date signed 3 June 46

156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-6-46

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 [illegible]

Licensed Embalmer No. 2983

P. O. Address Lexington 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.