

S. No. 2
-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 10 1948 STANDARD CERTIFICATE OF DEATH

17332

Registration District No. 201

Primary Registration District No. 4314

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Macou
(b) City or town Atlanta Mo
(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 _____
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macou
(c) City or town Atlanta
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Allen Bogart
3. (b) If veteran, name war No
3. (c) Social Security No. No

20. DATE OF DEATH: Month May day 13 year 1946 hour 2 minute 30 M.

4. Sex male 5. Color or race white
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 Sept 25 1938
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12 1946 to May 13 1946 that I last saw him alive on May 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute Meningitis Duration _____

8. AGE: Years 8 Months 7 Days 18 If less than one day hr. _____ min.

Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation School Boy

Major findings: Of operations g/w
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Student
12. Name Lloyd Bogart
13. Birthplace Atlanta Mo
14. Maiden name Wanneta Allen
15. Birthplace Macou Co. Mo

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 Wanneta Bogart
(b) Address Atlanta Mo
17. (a) Burial (b) Date thereof 7-14-46
(c) Place: burial or cremation mt labor
18. (a) Signature of funeral director H. H. Godding
(b) Address Atlanta Mo
19. (a) May 20 46 (b) Mo
(Date received local registrar) (Registrar's signature)

23. Signature G. B. G. G. G. (M. D. or other) _____
Address Atlanta Mo Date signed 5-14-46

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

RECEIVED

District Health Officer No. 10

District File Number 6-46-1133

Filed JUN 6 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 AM Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta, 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.