

FILED AUG 6 1946
Registration District No. 28961515

Primary Registration District No. 5761

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Calloway
(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 7 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

Thomas Riley Hogue

3. (b) If veteran, name war No 6. (c) Social Security No. 490-09-7922

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 JAN 1 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>23</u>	hr. min.

9. Birthplace Miller County MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm laborer

11. Industry or business _____

12. Name Eric Hogue

13. Birthplace Miller County MO.
(City, town, or county) (State or foreign country)

14. Maiden name Emaline Snellings

15. Birthplace Camendon County MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Barnett

(b) Address New Bloomfield MO

17. (a) Burial (b) Date thereof July 26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Ray A. Staff
(b) Address New Bloomfield MO

19. (a) July 25-46 (b) Ray A. Staff
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1946 hour 87 minute P.M.

21. I hereby certify that I attended the deceased from May 28, 1946, to July 24, 1946
that I last saw him alive on July 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Subular Heart Disease

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy aut

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) (e) Means of injury _____

23. Signature J. M. D. Pugh (M. D. or other) _____

Address New Bloomfield Date signed July 25-46

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

400

RECEIVED
District Health Officer No. 9,
District File Number 8-46-05
Date Filed 7-3-46
AUG 19 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 L. J. Claypool
Licensed Embalmer No. 4412
P. O. Address New Bloomfield

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.