S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22992

Registration District No. 59 Primary Registration District No. 4095 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Cass.

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

(c) Name of hospital or institution:
Not in hospital. At own home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply.
(Specify whether
In this community 30 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass

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

(d) Street No. Bates Street.
(If rural, give location)

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

If yes, name country Does not apply.

3. (a) PRINT FULL NAME THOMAS LOUIS HOGUE.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Nellie Reinhardt Hogue.

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

7. Birth date of deceased February, 12, 1876.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	5	5	hr. min.

9. Birthplace near, Overland Park, Kansas.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, retired.

11. Industry or business Retired.

FATHER
12. Name Rufus E. Hogue,
13. Birthplace Ohio.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Ogle,
15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hogue,
(b) Address Drexel, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 19, 46.
(Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Sharon Cemetery.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.

19. (a) 7/18/46. (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 17th
year 1946. hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 15, 1946, to July 17, 1946
that I last saw him alive on July 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Death - Skull Fracture - Cerebral Hemorrhage. Caused by fall down cellar steps.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 46 hrs

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) Accident

(b) Date of occurrence July 15, 1946

(c) Where did injury occur? Drexel Cass MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home
(Specify type of place)

While at work? No (e) Means of injury Sect #21

23. Signature Basil C. Hartwell (M. D. ~~XXXXX~~)

Address Drexel, Missouri. Date signed 7/18/46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1950

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~~ personally

....., ~~Registered Apprentice No.~~.....,

~~working under my personal supervision~~.

Signed.....

Licensed Embalmer No. 1950

P. O. Address Drexel 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.