

1. PLACE OF DEATH:

(a) County Barry  
 (b) City or town Monett  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 502 - 4th St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community about fifteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
 (c) City or town Monett (If outside city or town limits, write "RURAL")  
 (d) Street No. 502 - 4th St (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country None

3. (a) PRINT FULL NAME Dolores Adele Vogt  
 (b) If veteran, name war None  
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4  
 year 1946 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 7/4/46, 19, to 8/4/46, 19;  
 that I last saw her alive on 8/3/46, 19;  
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Eugene J. Vogt  
 (c) Age of husband or wife if alive 33 years  
 7. Birth date of deceased August 15 1909  
 (Month) (Day) (Year)

Immediate cause of death  
Carcinoma: pelvis recur  
since following per hysterectomy  
Due to Multiple Sclerosis  
marked secondary anemia

Duration  
3 yrs

8. AGE: Years 36 Months 11 Days 19  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St James Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Thomas Harrison Vaughan

13. Birthplace Waynesville Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Therese Emigian Ogle

15. Birthplace Steelville Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Eugene J. Vogt

(b) Address 502 4th St Monett Mo

17. (a) Burial (b) Date thereof Aug 6 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt balwary - monett mo

18. (a) Signature of funeral director Callaway's  
 (b) Address Monett Mo

19. (a) 8-6-46 (b) W. M. West  
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
48 B  
 Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature F. J. Moemish (M. D. or other) \_\_\_\_\_  
 Address Monett Mo Date signed 8/5/46

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

25038

RECEIVED

District Health Officer No. 6,

District File Number 846-872

Date Filed AUG 16 1946

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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 J. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monroeville Pa

**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.**