S. No. 2
M—8-43
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X37823

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

313,71

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32541

FILED OCT 17 1946

Registration District No. ____ Primary Registration District No. 3000 Registrar's No. 375

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Laughlin O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 39 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County adair 1

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

(d) Street No. 212 No. Marion St (If rural, give location) 3

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

If yes, name country

3. (a) PRINT FULL NAME KONSTANTINE T. BOGRESS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Eugenia

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 1 (Day) 1884 (Year)

8. AGE: Years 62 Months 3 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Papri Tripoli (City, town, or county) Greece (State or foreign country)

10. Usual occupation Retired.

11. Industry or business

FATHER
12. Name Thomas Bogress 6
13. Birthplace (City, town, or county) Greece (State or foreign country)

MOTHER
14. Maiden name unknown 1
15. Birthplace (City, town, or county) Greece (State or foreign country)

16. (a) Informant Paul Johnson

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Summers & Powell

(b) Address Kirksville Mo

19. (a) Oct 3-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1946 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 9-19, 1946 to 9-20, 1946 that I last saw him alive on 9-20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Arteriosclerotic heart disease

Due to

Other conditions Cancer of larynx (Include pregnancy within months of death) nephritis & pulmonary autostomy

Major findings: Of operations

Of autopsy as above

47A

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl Laughlin (M. D. or other) Do.

Address Kirksville, Mo Date signed 10-1-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1889
Date Filed OCT 14 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Rockville Md

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.