S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32955

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 343

**1. PLACE OF DEATH:**

(a) County Cape Gr.
(b) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Hospital O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five days (Specify whether
In this community Five days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscott
(c) City or town Caruthersville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred L. Ogilvie, M.D.

3. (b) If veteran, name war Wered War I
3. (c) Social Security No.

4. Sex Male
5. Color or race Cauc.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 3 (Day) 1878 (Year)

8. AGE: Years 68 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Charleston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Doctor
11. Industry or business

FATHER
12. Name Sam Ogilvie
13. Birthplace NK (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary McElmurry
15. Birthplace Mississippi Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Thomas M. Ogilvie
(b) Address 306 E. Commercial - Charleston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation 20.O.F. - Charleston Mo
18. (a) Signature of funeral director Edward E. Nunnelee
(b) Address Charleston, Mo.
19. (a) 10-17-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 14 year 1946 hour 8 minute 10 a.M.
21. I hereby certify that I attended the deceased from 11/9, 1946 to 11/14, 1946 that I last saw him alive on 11/13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage C RT Hemiplegia

Due to ~~Hyp~~ HyperTENSION

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83A

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 J. A. Kerin M.D. (M. D. or other)
Address 911 A. Broadway Cape Girardeau, Mo Date signed 11/15/46

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(Licensed Embalmer's Statement on Reverse Side).

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1046-2269
Date filed 10-21-46

NOV 1 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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.**