

Registration District No. 291

Primary Registration District No. 5989

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Boonville

(b) City or town Boonville
(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 _____ years, months or days 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson

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

(d) Street No. Lawson, Mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna Wesley Bogle

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1946 hour 11 minute P M.

21. I hereby certify that I attended the deceased from D.O.A.
_____, 19____, to _____, 19____.

that I last saw h _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (c) Age of husband or wife if alive 46 years 1892

7. Birth date of deceased: (Month) Sept (Day) 1 (Year) 1892

Immediate cause of death from history would say coronary

Due to Heart Disease

Due to _____

8. AGE: Years 64 Months 2 Days 11 If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

Major findings: 94A

Of operations _____

Of autopsy _____

10. Usual occupation Nothing

11. Industry or business _____

12. Name Jed Bogle

13. Birthplace Lawa (City, town, or county) _____ (State or foreign country)

14. Maiden name Amelia

15. Birthplace Lawa (City, town, or county) _____ (State or foreign country)

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? _____

16. (a) Informant Minnie Bogle

(b) Address Lawson Mo

17. (a) _____ (b) Date thereof 11-3-46
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director W. H. Hart

(b) Address Lawson Mo

19. (a) 11-18-46 (b) Marshall Durbin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature W. H. Hart (M. D. no)
Address Lawson Mo Date signed 11-18-46

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

MOTHER, FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
State Health Office - No. 104
On file for [unclear] 11-46-2186
Date Filed NOV 26 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.....

Kenneth Lawens

Registered Apprentice No. *418*

working under my personal supervision.

Signed *Paul E. Jusfeld*

Licensed Embalmer No. *3304*

P. O. Address *Unionville*

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.