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K47070

FILED FEB 10 1947

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Clara C. Hogg**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **James R. Hogg** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 23 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 25 hr. min.

9. Birthplace **B utler County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **John Smith**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anne Barbara Schubert**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Blyde Hogg**

(b) Address **Poplar Bluff, Missouri**

17. (a) **Burial** (b) Date thereof **12-20-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cem. Poplar Bluff, Mo.**

18. (a) Signature of funeral director **Frank Oetzel**

(b) Address **Poplar Bluff, Mo.**

19. (a) **1-20-47** (b) **W. H. Mueller**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL.")
(d) Street No. **914 North Main St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18**
year **1946** hour **11:40** A.M. minute _____ M.

21. I hereby certify that I attended the deceased from
December 11th 1946 to December 18th 1946
that I last saw her alive on **December 18th 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Acute Cardiac Failure.

Due to **Endocarditis.**

Due to **Septic ulceration of right leg due to burn (chemical)**

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

Major findings: _____
Of operations _____
Of autopsy _____
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?

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

23. Signature **W. H. Mueller** (M. D. or other)
Address **1124 N. Main St. Poplar Bluff, Mo.** Date signed **12/20/46**

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

RECEIVED
District Health Office No. 2
District File Number 147-147
Date Filed 1-30-47

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 Gene Clark
Licensed Embalmer No. 4216
P. O. Address Toplev Bluff

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.