S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1264

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barmore Conv. Home 2630 Sockridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 months (Specify whether
In this community 47 years 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2519 Washington 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth OGLE

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female 1
5. Color or race white 2
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Elmer Ogle
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 7, (Day) 1865 (Year)

8. AGE: Years 81 Months 9 Days 24 If less than one day hr. min.

9. Birthplace New Madrid, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At home

11. Industry or business ---

FATHER
12. Name John Bryant
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Martha Baker
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mr. Samuel E. Williams
(b) Address 2517 Washington, K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery K-C-K

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 1-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from April, 6, 1945, to Dec. 24, 1946
that I last saw her alive on Dec. 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart c̄ myocardial failure

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 956

Of autopsy

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 O. Raymond Farser (M.D. or other) D.O.
Address 619 Lee Bldg. Date signed Jan. 3, 1947

(Licensed Embalmer's Statement on Reverse Side)

Ch. O. Ph. Reason Fr. 6-70

1003 Main
619 Lee Bldg.
Room - Friday

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.