

S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

FILED JAN 20 1947

Primary Registration District No. **6074**

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

1. PLACE OF DEATH:

(a) County **ST. FRANCOIS**

(b) City or town **LEAD WOOD, MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **NONE**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 yrs** (Specify whether years, months or days)

In this community **15 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST. FRANCOIS**

(c) City or town **LEAD WOOD, MO.**
(If outside city or town limits, write "RURAL")

(d) Street No. **NONE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **PRESTON M. OGLE**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Mary Ogle**

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

7. Birth date of deceased **Nov. 16, 1860**
(Month) (Day) (Year)

8. AGE: Years **86** Months **1** Days **17**

If less than one day hr. _____ min. _____

9. Birthplace **WRIGHT MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **UNKNOWN**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Yell Simonon**

(b) Address **Fronton MO**

17. (a) **Burial** (b) Date thereof **Jan 5, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. FRANCOIS**

18. (a) Signature of funeral director **J. S. Boyer**

(b) Address **Leadwood Mo.**

19. (a) **1-6-47** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **3**
year **1947** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **apparently heart failure.** Duration _____

Due to **Investigation shows deceased had heart trouble for several years. Evidence showed a natural cause of death.**

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

Major findings: Of operations _____

Of autopsy **95**

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 **Bert J. Miller** (M.D. or other) **Coroner**
Address **Farmington, MO** Date signed **1/4/47**

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RECEIVED

Health Officer No. 4

File Number 147-93

1-15-47

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 Ben L. Boyer

Licensed Embalmer No. 30445

P. O. Address Leadwood 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. .