

Registration District No. **65** Primary Registration District No. **5254** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **CHARITON**
 (b) City or town **TRIPLETT RURAL**
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **CHARITON**
 (c) City or town **TRIPLETT MO RURAL**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME **JOSEPH H. BOGUE**
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JAN** day **7** year **1947** hour **4** minute _____ M.
21. I hereby certify that I attended the deceased from **Jan 1-1947**
 _____, 19____, to **Jan 7**, 19____
 that I last saw him alive on **Jan 3**, 19____
 and that death occurred on the date and hour stated above.

4. Sex **MD** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **WID**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JUNE 15 1855**
 (Month) (Day) (Year)

Immediate cause of death **Myocardial Infarction + Sclerosis**

8. AGE: Years **91** Months **6** Days **15** If less than one day _____ hr. _____ min.

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

9. Birthplace: _____ (City, town, or county) **OHIO** (State or foreign country)
10. Usual occupation **FARMER**

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **ISAC BOGUE**
13. Birthplace _____ (City, town, or county) **OHIO** (State or foreign country)
14. Maiden name **WILSIE**
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant **E. F. BOGUE**
(b) Address **TRIPLETT MO**
17. (a) Burial (b) Date thereof **1-9-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **LEMONI CEMETERY**
18. (a) Signature of funeral director **Sam Edwards**
(b) Address **Boonville Mo**
19. (a) Jan 9-47 (b) **Mildred Boon**
 (Date received local registrar) (Registrar's signature)

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 **2**
23. Signature **W. B. Post** (M. D. or other)
Address **Boonville Mo** Date signed **Jan 7 1947**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-15-47

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bowen Th

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.