S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20936

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2650

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Joesph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community 76 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route Nine 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ROBERT E. L. FOGLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bertie Lee Fogle

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 24, 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days ~~25~~ 24 If less than one day hr. min.

9. Birthplace Jackson County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Robert A. Fogle
13. Birthplace Marion County (City, town, or county) Kentucky (State or foreign country) 6 1

MOTHER
14. Maiden name Sara J. Duncan
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Mrs Bertie Lee Fogle

(b) Address Rural Route Nine, Kansas City, mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 6-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 th.
year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 5-31-47, 19, to 6-18, 1947; that I last saw him alive on 6-18-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Senility - & Post operative Myocardial stress

Due to

Other conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Prostate

Of autopsy 51 b

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Thos E McMillan (M. D. ~~or other~~)

Address 1019 Professional Bldg Date signed 6-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 William H. Schlanke Registered Apprentice No. 439 working under my personal supervision.

Signed John Pasley

Licensed Embalmer No. 4369

P. O. Address Independence,

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.