

No. 2
1-5-43
5-17-39
I X36871

Registration District No. 201 Primary Registration District No. 4314 Registrar's No.

1. PLACE OF DEATH:
(a) County Macou
(b) City or town Atlanta
(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. All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macou
(c) City or town Atlanta
(d) Street No.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Irven J Bogcart
3. (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st year 1947 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from April 30 to June 1, 1947 that I last saw him alive on May 31 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Jane Bogcart 6. (c) Age of husband or wife if alive 62 years
Birth date of deceased: Jan 6 1880 (Month) (Day) (Year)

Immediate cause of death: Congestive heart failure
Due to Hypertension
Due to Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy:

8. AGE: Years 67 Months 4 Days 25 If less than one day hr. min.

9. Birthplace: Macou Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business:

12. Name: George Bogcart

13. Birthplace: N.Y. (City, town, or county) (State or foreign country)

14. Maiden name: Anna Polmutter

15. Birthplace: N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Bogcart (b) Address: Atlanta, Mo.

17. (a) Burial (Burial, cremation, or removal): Hopewell Cemetery (b) Date thereof: 6-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Hopewell Cemetery
18. (a) Signature of funeral director: (b) Address: Atlanta, Mo.

19. (a) Date received local registrar: June 7-47 (b) Mrs. O. P. Siffert (Registrar's signature)

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: 2
23. Signature: [Signature] (M. D. or other) DO
Address: La Plata Mo Date signed: 6/3/47

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

MOTHER FATHER

