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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23649

Registration District No. 59 Primary Registration District No. 4095 Registrar's No. 108

1. PLACE OF DEATH:
(a) County Cass.
(b) City or town Drexel. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At home Bates Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether years, months or days)
In this community 32 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Cass. 19
(c) City or town Drexel. (If outside city or town limits, write "RURAL") 0
(d) Street No. Bates Street. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Does not apply.

3. (a) PRINT FULL NAME NELLIE REINHARDT HOGUE.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex female.
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thos. L. Hogue.
6. (c) Age of husband or wife if alive Dcsd. years
7. Birth date of deceased July, (Month) 5th, (Day) 1873. (Year)

8. AGE: Years 74 Months 0 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Kansas City, (City, town, or county) Missouri, (State or foreign country)
10. Usual occupation Household Duties.
11. Industry or business At Home.
MOTHER FATHER
12. Name Phillip Reinhardt.
13. Birthplace (City, town, or county) Germany. (State or foreign country)
14. Maiden name Jane Howe.
15. Birthplace (City, town, or county) Kentucky. (State or foreign country)
16. (a) Informant Charles Hogue.
(b) Address Drexel, Missouri.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/8/1947. (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cem. Drexel, Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Drexel, Missouri.
19. (a) July, 7, 47. (Date received local registrar) (b) Norma J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 7th year 1947. hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 28 1947, 19__, to July, 7th, 1947; that I last saw her alive on July, 6th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	9 da
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Mitral Regurgitation	58 yrs

Major findings:
Of operations
Of autopsy

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 Basil C Hartwell M.D. (M. D. or D.O.)
Address Drexel, Mo. Date signed 7/7/47.

(Licensed Embalmer's Statement on Reverse Side)

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~~ xxxx personaly

~~[illegible]~~ No.

~~[illegible]~~

Signed J. D. Hays

Licensed Embalmer No. 1950

P. O. Address Drexel, 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.