

FILED OCT 11 1947  
Registration District No. ....

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **ST. LUKES HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9-16-47**  
(Specify whether **1 WEEK**)

In this community **1 WEEK**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JASPER 49**

(c) City or town **CARTHAGE**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R. 7. D. # 4.**  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **JOHANNA ANN OGLE**

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

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

4. Sex **Female** 5. Color or race **white**

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **APRIL 9 1947**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<b>5</b>	<b>20</b>	.....hr.....min

9. Birthplace **CARTHAGE, MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **INFANT**

11. Industry or business.....

12. Name **JOHN C. OGLE**

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

14. Maiden name **MAURINE HILL**

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

16. (a) Informant **KWELL MORTUARY**

(b) Address **CARTHAGE, MISSOURI**

17. (a) **REMOVAL** (b) Date thereof **SEPT. 30-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CEDAR HILL CEMETERY**

18. (a) Signature of funeral director **D. F. Heidebrecht**

(b) Address **1401- BRUSH CREEK BLDG.**

19. (a) **9-30-47** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **29** year **1947** hour **6** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **SEPT 16-1947** to **SEPT 29 1947** that I last saw **her** alive on **SEPT 29 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Operative - massive teratoma mult. (Congenital)**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **1st inv.**

Major findings: **Teratoma - (massive)**

Of operations.....

Of autopsy **same**

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 **MR**

23. Signature **E. M. Johnson** (M. D. or other) **MR**

Address **300 W. 47th St. K.C. Mo** Date signed.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

Miss  
of  
No  
Columbus  
Mo  
1937

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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

*D. B. Nofsinger*

Licensed Embalmer No.

*3938*

P. O. Address

*Janss City 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.