S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 5 1947

State File No. 38933

Registration District No. 209 — Primary Registration District No. 5766 — Registrar's No. 399

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

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: R R # 1 Miller Township (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: Missouri (b) County: Marion 64

(c) City or town: Hannibal (If outside city or town limits, write "RURAL") 0

(d) Street No.: R R # 1 Miller Township (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Adele Ogden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Emmett M. Ogden

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

7. Birth date of deceased: July 16, 1868 (Month) (Day) (Year)

8. AGE: Years 79 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace: Whiteside, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business: xx

FATHER
12. Name: Henry Clay Tucker 0
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Long
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mrs. T. C. Roland
(b) Address: R R # 1 Hannibal Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Antioch Cem.

18. (a) Signature of funeral director: Hs Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri

19. (a) 11-26-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 199

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1947, to Nov 22, 1947 that I last saw her alive on Nov 22, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left lobar Pneumonia, Terminal & Hypostatic.	3 day
Due to: Arteriosclerotic Heart Disease	4 y.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 9 32
Of autopsy:

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: H B Norton (M. D. or other)
Address: Hannibal M Date signed: 11-24-47

Jefferson City Printing Co. (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 Lyman D. Steele, Registered Apprentice No. 460, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.