S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948
Registration District No. 109

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44235
Primary Registration District No. 5408
Registrar's No. 85

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

34

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Evans, Rural, McMurtery
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Evans, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leander P. Vogt
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Merritt Vogt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 5, 1860 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	5	18	hr. min.

9. Birthplace Erie County, New York / (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown / (City, town, or county) (State or foreign country)
16. (a) Informant Sylvia Freeman
(b) Address Evans, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Brushyknob
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Jan 19-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22
year 1947 hour 12 minute 50 P. M.
21. I hereby certify that I attended the deceased from 12-18- 1947 to 22- 1947
that I last saw him alive on 12-22- 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 Days
Due to: Senility & Old age	
Due to:	
Other conditions: Ca. of Intestines (Include pregnancy within 3 months of death)	2 Yrs
Major findings: Of operations	
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 M. C. Gentry (M. D. or other)
Address Ava, Mo Date signed 1-5-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-96
Date Filed JAN 17 1948

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 W. B. Hutchinson

Licensed Embalmer No. 3437

P. O. Address Ava 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.