No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1816

Registration District No. 217 — Primary Registration District No. 3045 — Registrar's No. 2

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 307 E. Cypress St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community All of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston (If outside city or town limits, write "RURAL")
(d) Street No. 307 E. Cypress St. (If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Agnes Ogilvie Drane
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 Widowed 2
6. (b) Name of husband or wife Dec'd, 1919
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 26, (Day) 1857 (Year)

8. AGE: Years 90 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Wolf Island, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Sam Ogilvie
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Sallie McElmurry
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Mabel Nolan
(b) Address Charleston, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery Charleston, Mo.
18. (a) Signature of funeral director John F. Hennecke Jr.
(b) Address Charleston, Missouri.
19. (a) 1-16-48 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature) 1760

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2, year 1948 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from May, 1945 to Jan 1, 1948 that I last saw her alive on Jan 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	8 da.
Due to: Arteriosclerosis	5 yr +
Due to:	
Other conditions: Diabetes Mell. (Include pregnancy within 3 months of death)	5 yr +

Arterio-sclerotic heart disease

Major findings:
Of operations none
Of autopsy none

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 1

23. Signature J. Chas Loliving (M. D. or other)
Address Charleston Mo Date signed 1/9/48

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

RECEIVED
District Health Office No. 2,
District File Number 148-110
Date Filed 1-19-48

SEP 20 1954

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.