

2-43  
7-39  
X35697

FILED FEB 17 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 5109

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Rural 2 Crooked Creek Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
16 mi. S.E. of Fredericktown  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 16 mi. S.E. of Fredericktown  
(If rural, give location)  
(e) Citizen of foreign country? - No - (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Columbia Pogue

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 widow

6. (b) Name of husband or wife Henry V. Pogue (Deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 27, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Rhodes

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mulgroves

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Johnson

(b) Address Marquand, Missouri

17. (a) Burial (b) Date thereof 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitener Cemetery

18. (a) Signature of funeral director Webb-Adams

(b) Address Fredericktown, Mo.

19. (a) 2-13-48 (b) Minnie Dandurgh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5<sup>th</sup>  
year 1948 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from April, 1946 to Feb 5<sup>th</sup>, 1948, that I last saw her alive on Feb 5<sup>th</sup>, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Emboli Duration 20 hours

Due to Probably Carcinoma of Uterus

Other conditions Arterio-sclerotic myocarditis, with partial insufficiency

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature J. C. Langley (M. D. or other) \_\_\_\_\_

Address Fredericktown, Mo. Date signed Feb 6, 48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 248-247  
Date Filed 2-17-48

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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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81  
working under my personal supervision.

Signed Frederick Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, Md.

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.