

S. No. 2
OM-5-43
v. 5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9845**
Registrar's No. **24**

FILED MAR 19 1948

Registration District No. **297** Primary Registration District No. **4447**

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

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Henrietta
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Main St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 72 years
years, months or days)

3. (a) PRINT FULL NAME SARAH ANN CAROLINE VOGT
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Tennis Henry Vogt 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased May 8, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>0</u>	hr. _____ min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Vogt
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Henky
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John T. Vogt
 (b) Address Henrietta, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1948
(Month) (Day) (Year)
 (c) Place: burial or cremation Norborne, Missouri

18. (a) Signature of funeral director Thurman Funeral Home
 (b) Address 627 E. Main St., Richmond, Missouri

19. (a) March 15, 1948 (Date received local registrar) Mabel Jackson (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 8th
 year 1948 hour 9:46 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 1948 to March 8, 1948
 that I last saw her alive on March 8, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Due to _____
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

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? _____
 (a) (b) (c) Means of injury _____
 23. Signature E. B. Ray (M. D. or other) _____
 Address Richmond Date signed 3/15/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-18-48

APR 3 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.....

William L. Thurman

Registered Apprentice No. 65

working under my personal supervision.

Signed.....

William L. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.