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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED APR 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 13228  
 Registrar's No. 44

Registration District No. 283 Primary Registration District No. 3037

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

1. PLACE OF DEATH:  
 (a) County Lawrence  
 (b) City or town Mt Vernon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home - 315 West Water 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community Lifeline (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lawrence  
 (c) City or town Mt Vernon  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 315 West Water  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Amanda Elizabeth Hogue  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Fe 5. Color or race W  
 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife T. W. Hogue  
 6. (c) Age of husband or wife alive deceased years  
 7. Birth date of deceased Jan - 4 - 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 2 2 hr. min.

9. Birthplace Chester Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER, FATHER {  
 12. Name Bolton B. Dyer  
 13. Birthplace Chester Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Senn  
 15. Birthplace Chester Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Elora Dyer  
 (b) Address Mt Vernon Mo

17. (a) Burial (b) Date thereof Mar - 7 - 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Mt Vernon Mo.

18. (a) Signature of funeral director H. D. Jett  
 (b) Address Mt Vernon Mo.

19. (a) 4-1-48 (b) C. R. Plulbrack  
 (Date received local registrar) (Registrar's signature) 159

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 6th  
 year 1948 hour 8 minute A. M.  
 21. I hereby certify that I attended the deceased from March 4  
~~August~~ 1948 to March 24 1948  
 that I last saw her alive on March 4 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Concertive heart failure  
 Duration 8 weeks

Due to hypertension

Due to.....

Other conditions Cerebral vasculor  
 (Include pregnancy within 3 months of death)  
a accident

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?..... (Specify type of place) (e) Means of injury.....

23. Signature A. J. Graver (M. D. or other) MD  
 Address Mt Vernon, Mo. Date signed 3/16

RECEIVED  
District Health Officer No. 8,  
District File Number 448-507  
Date Filed APR 23 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.....

..... By me ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... Max L Fossett .....

Licensed Embalmer No. 4252

P. O. Address..... Mt Vernon, 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.