

S. No. 2
-12-45
-17-39
X47070

FILED MAY 13 1948

Registration District No. 160

Primary Registration District No. 3030

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 19 Woodrow
(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)

3. (a) PRINT FULL NAME Thomas Carter Ogle

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: April 26 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 3 12 hr. — min.

9. Birthplace: Festus mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Albert Ogle

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

14. Maiden name Mae Boyer

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

16. (a) Informant Albert Ogle

(b) Address Festus mo

17. (a) Burial (b) Date thereof 3-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, mo

18. (a) Signature of funeral director Fink

(b) Address Festus mo

19. (a) May 3 1948 (b) Deora Bellinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. 19 Woodrow 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1948 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr 26
7:00 to Apr 30 1948
that I last saw him alive on Apr 29 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity 7 months

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 9 months of death)

Major findings: None

Of operations.....

Of autopsy: None

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.....

23. Signature [Signature] (M. D. or other)
Address Merulgan, Mo Date signed 5/1/48

RECEIVED
District Health Officer No. 9,
District File Number.
Date Filed MAY 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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus, 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.