

FILED AUG 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22497

Registration District No. 01

Primary Registration District No. 5236

State File No.

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Rural, Box Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rd 2, Eldorado Springs, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3: (a) PRINT
FULL NAMEJulius Allen Bogart

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 widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 27 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 28 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Rudolph Bogart
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Samantha Criddlebaugh
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Allen Bogart
 (b) Address Rd 2, Eldorado Springs, Mo.

17. (a) Removal (b) Date thereof July 26, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood Cemetery, Mo.

18. (a) Signature of funeral director William Carthage
 (b) Address Eldorado Springs, Mo.

19. (a) 7-26-48 (b) J. L. Broun
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rd 2, Eldorado Springs, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
 year 1948 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 20th to July 24 1948
 that I last saw him alive on July 20 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anemia Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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)
 (a) Means of injury _____

23. Signature C. H. Sunderwirth (M. D. or other) Do
 Address Eldorado Spgs. Mo. Date signed 7-26-48

RECEIVED

District Health Officer No. 7,

District File Number 7-48-932

Date Filed 8-12-48

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 Floyd E. Carothers
Licensed Embalmer No. 4419
P. O. Address El Paso, Texas

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.