

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 13 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **29075**

Registration District No. **50**

Primary Registration District No. **4071**

Registrar's No. **25**

**1. PLACE OF DEATH:**

(a) County **Camden**  
(b) City or town **Camdenton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Home - Royal Maumee Cottage**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 years** (Specify whether years, months or days)  
In this community **3 years**

**3. (a) PRINT FULL NAME**

**De Witt Woodford Bogue**

3. (b) If veteran, name war **1918-1919** 3. (c) Social Security No. **1-1-1**

4. Sex **male** 5. Color or race **wht** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Marguerite Peak** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **July 28 1905**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **2** Days **3** If less than one day hr. min.

9. Birthplace **Pinckville Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business **Turkey Camp owner**

12. Name **William Bogue**

13. Birthplace **Pinckville Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie Simmons**

15. Birthplace **Pinckville Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marguerite Bogue**

(b) Address **Camdenton, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 4 - 48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Camdenton, Mo**

18. (a) Signature of funeral director **Bankier - Woolverton**

(b) Address **Camdenton, Mo**

19. (a) **Oct 8 - 1948** (Date received local registrar) (b) **Zilpha J. H. H. H.** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Camden**  
(c) City or town **Camdenton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **P. R. 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 **Oct** day **1** year **1948** hour **2** minute **P.** M.

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

Immediate cause of death **Cerebral Hemorrhage** Duration **2 hrs.**

Due to **33**

Due to **33**

Other conditions **None** (Include pregnancy within 3 months of death)

Major findings: Of operations **no operation**

Of autopsy **no 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 **E. B. H. H. H.** (b) **no** (If other)

Address **Camdenton Mo** Date signed **10-8-48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JAN 3 1950

RECEIVED

District Health Officer No. 7

District File Number 9-48-116-2

Date Filed 1-0-11-1950

JUL 10 1950

### 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.....

*Abbie Benson Woolery*

Licensed Embalmer No. 2488

P. O. Address *Camden, 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.