

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39419**
Registrar's No. **1330**

FILED DEC 20 1948

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
(Specify whether
In this community **8 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **2328 S. 15th Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Dona Mae Ogden

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 **Married**

6. (b) Name of husband or wife **Charles H. Ogden**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **October 23 1905**
(Month) (Day) (Year)

8. AGE: Years **43** Months **1** Days **13**
If less than one day hr. min.

9. Birthplace **Strickler Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At home**

12. Name **Green Cantrell**

13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Malisa Noble**

15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Josephine Ogden**

(b) Address **2328 S. 15th St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 8, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Aspland Cemetery**

18. (a) Signature of funeral director **Kalter Meierhoff**

(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **12-13-48** (b) **E. B. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th**
year **1948** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **10-21**
19**48** to **11-6** 19**48**
that I last saw her alive on **11-6-48** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis primary in cervix due to cervical carcinomatosis.** Duration **?**

Due to **Secondary anemia. General carcinomatosis eroding into external artery.**

Due to **Multiple hemorrhages**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**
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 **Robert Smith** (M. D. or other)
Address **218 No. 7th St. St. Joseph, Mo.** Date signed **12-7-58**

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

MOTHER FATHER

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, ~~only~~.....

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

Signed Raymond H. Merckel
Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.