

Registration District No. 115

Primary Registration District No. 5429

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Gerald, Mo. Rural Lyon Twp.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Gerald, Mo. Rural Lyon Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CAROLINE KATHERINE VOGT

3. (b) If veteran, name war \*\* 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John H. Vogt 6. (c) Age of husband or wife if alive 87 years  
7. Birth date of deceased September 8 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 9 8 hr. min. 0

9. Birthplace New Haven, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Kloppe  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Overmuller  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Vogt  
(b) Address Gerald, Missouri

17. (a) Burial (b) Date thereof Nov. 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls, Gerald, Mo.

18. (a) Signature of funeral director Ernest J. Oltmann (Specify type of place) \_\_\_\_\_  
(b) Address Gerald, Missouri (c) Means of injury \_\_\_\_\_

19. (a) 11-18-48 (b) J. H. Nester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1948 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Coronary Artery Dis.  
Chronic Cholecystitis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature Oliver Schmitt (M. D. or other) \_\_\_\_\_  
Address Gerald Date signed 11-17-48

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

Date Filed 12-17-48

District File Number

District Health Officer No. 9

RECEIVED

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 Ernest L. Ottmann

Licensed Embalmer No. 1054

P. O. Address Gerald, 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.