

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41721

State File No. ....

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

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|  |  |   |  |  |   |  |   |
|--|--|---|--|--|---|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>209</u>   |  | PRIMARY REG. DIST. NO. <u>3043</u>   |   | Registrar's No. <u>439</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Marion</u> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>   |  | c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>   |   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long's West Home 3301 Market</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>3301 Market</u>   |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>John C.</u><br>b. (Middle) <u>Bogart</u><br>c. (Last)  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>December 12, 1949</u> |  |   |  |   |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |   | 8. DATE OF BIRTH <u>February 5, 1862</u>                               |   |
| 9. AGE (In years last birthday) <u>87</u>  |  | 10. MONTHS <u>10</u>  |  | 11. DAYS <u>10</u>   |   | 12. IF UNDER 1 YEAR OF AGE: Hours <u>  </u> Min. <u>  </u>             |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>                     |  | 11. BIRTHPLACE (State or foreign country) <u>Springfield Illinois</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |
| 13a. FATHER'S NAME <u>John W. Bogart</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>MARIE Mary Carroll</u>                  |  | 14. NAME OF HUSBAND OR WIFE <u>Mattie C. Markle</u>                   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>James E. Bogart</u> ADDRESS <u>Hannibal Missouri</u>  |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Blindness</u> |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Several days</u>                             |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |   |  |   |
| 22. I hereby certify that I attended the deceased from <u>Nov. 29, 1949</u> , to <u>Dec. 12, 1949</u> , that I last saw the deceased alive on <u>Dec. 12, 1949</u> , and that death occurred at <u>5:15 P.m.</u> , from the causes and on the date stated above. |  |   |  |  |   |  |   |
| 23a. SIGNATURE <u>A. B. Bene</u> (Degree or Title) <u>Impd</u>   |  |   |  | 23b. ADDRESS <u>Hannibal Mo</u>  |   | 23c. DATE SIGNED   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>12/14/49</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> |   |
| DATE REC'D BY LOCAL REG. <u>12-19-49</u>   |  | REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>  |  | FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Smith</u>  |   | ADDRESS <u>Hannibal Missouri</u>                                       |   |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 22 1949  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 24 1949

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*John S. Stand*

Licensed Embalmer No. 4540

Signed.....  
Student Embalmer

P. O. Address Hannibal 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.