

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1461

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lee's Summit</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lee's Summit</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>203 North Douglas</b>		d. STREET ADDRESS (If rural, give location) <b>203 North Douglas</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julius</b> b. (Middle) <b>Ceaser</b> c. (Last) <b>Bogner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1/25/1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 17 1967</b>
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Evansville Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Leonard Bogner</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret</b>	14. NAME OF HUSBAND OR WIFE <b>Flossie Bogner</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Flossie Bogner Lee's Summit Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular-Renal Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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) (Min.)	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 <b>Dec. 13, 1947</b> , to <b>Jan 25, 1950</b> , that I last saw the deceased alive on <b>Jan 25, 1950</b> , and that death occurred at <b>8:10 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Christ L. Miller MD</b>		23b. ADDRESS <b>Lee's Summit Mo.</b>	23c. DATE SIGNED <b>1-26-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/27/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill Mo.</b>
DATE REC'D BY LOCAL REG. <b>JAN. 26, 1950</b>	REGISTRAR'S SIGNATURE <b>Donald C. Emschaw 378</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Lee's Summit Mo.</b>	

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

FEB 6 1950

TO

JAN 2 1950

NO. 12345

TO

NO.

TO

NO.

**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 \_\_\_\_\_

*T. B. Langford*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3833*

P. O. Address \_\_\_\_\_

*Des Moines*

**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.