

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11433  
Registrar's No. 91

Registration District No. 347 348 Primary Registration District No. 4206

FILED MAY 13 1942

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Brownington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
in Brownington  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Brownington  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Lora E Fogle

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Fogle

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) 11

(Day) 2 (Year) 1882

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace

Union Co Ohio (City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Albert Fogle

13. Birthplace Union Co Ohio (City, town, or county) (State or foreign country)

14. Maiden name Anna Patrick

15. Birthplace Union Co Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Lora Fogle

(b) Address Brownington Mo

17. (a) Burial (b) Date thereof 4 9 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington cem

18. (a) Signature of funeral director W. W. Williams

(b) Address Clinton Mo

19. (a) April 9, 1942 Georgia Kitchen (Date received local registrar) (Registrar's signature) G.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1942 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from Mar-26 1942 to April 7 1942 that I last saw him alive on April 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Dropsy  
Due to Pulmonary Edema

Due to

Other conditions (Include pregnancy within 3 months of death)

90 B

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury to

23. Signature C. A. Taylor (M. D. or other) to  
Address Brownington Mo Date signed 4-7-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

Classic File Number 55-42-464

Date Filed 5-6-42

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

Signed

*Fred Wilkinson*

Licensed Embalmer No.

*2478*

P. O. Address

*Clinton, Mo*

**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, above space should be left blank.**