

No. 2
-1/47
-17-39

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 6
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM T. VOGELI

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie Vogeli 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug. 17 - 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Brinsworth (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Benjamin Vogeli 5
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Helen Millard
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Vogeli
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 8-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Charles Pech
(b) Address Clinton Mo

19. (a) 8-25-47 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 23 1945 to August 24 1947
that I last saw him alive on August 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 days

Due to Demoralized arterio-sclerosis unknown

Due to.....
Other conditions Chronic nephritis unknown
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature S. B. Vogler (M. D. or other) M.D.
Address Clinton, Mo Date signed 8/26/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 8-47-1035
Date Filed 9-2-47

DEC 6 1955

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

R R Kennedy

Licensed Embalmer No. *3099*

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, fact should be so stated above.