

National Office of Vital Statistics
FILED SEP 8 1948
Registration District No. 237

Primary Registration District No. 4218

Registrar's No. 183

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 205 West Colt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 205 West Colt
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Emil Vogel
3. (b) If veteran, name war None
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 1
year 1948 hour 10 minute A M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude G. Vogel
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased April 24 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 2 1947 to Sept 1 1948
that I last saw him alive on Sept 1 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 4 Days 7
If less than one day hr. min.

Immediate cause of death Myocardial Infarct
Due to Atrial Stenosis

9. Birthplace Camden County Missouri
(City, town, or county) (State or foreign country)

Other conditions Unknown
(Includes pregnancy within 3 months of death)

10. Usual occupation Groceryman-retired

Major findings: Of operations
Of autopsy

11. Industry or business

12. Name John Vogel
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Arnold
15. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George E. Vogel
(b) Address Windsor, Missouri

17. (a) Burial Windsor, Missouri
(Burial, cremation, or removal) (Date thereof) 9-3-48
(Month) (Day) (Year)

18. (a) Signature of funeral director
(b) Address Windsor, Missouri

19. (a) 9-3-48 (Date received local registrar)
(b) R. H. Kenney (Registrar's signature)

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) (c) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 9-2-48

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1038
Date Filed 9-7-48

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

William M. Turner, Registered Apprentice No. 470
working under my personal supervision.

Signed Eldon Burton
Licensed Embalmer No. 3391
P. O. Address Windsor

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.