

ED. JUN 3 1948 71
Registration District No. 71

Primary Registration District No. 3012

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
210 Wildwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 4.5 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 210 Wildwood
(If rural, give location)

(e) Citizen of foreign country no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME UTIE SADYNE BOGART

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 19 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 16, 1943 to May 18, 1943 that I last saw her alive on May 18, 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife J. M. Bogart

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

7. Birth date of deceased Mar 27 - 1872
(Month) (Day) (Year)

Immediate cause of death Pneumonia of Right Lung

Duration 47d

Due to ?

Due to ?

Other conditions Virus Pneumonia
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>21</u>	hr. min.

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

10. Usual occupation at Home

11. Industry or business

12. Name George W. Russell

13. Birthplace Springfield, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Miss M. Donald

15. Birthplace Ray Co., Mo
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: None seen

Of operations Not done

Of autopsy Not done

Underline the cause to which death should be charged statistically.

16. (a) Informant George Russell

(b) Address Excelsior Springs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation Little Union, Ray Co.

18. (a) Signature of funeral director J. H. ...

(b) Address Excelsior Springs, Mo

19. (a) 5-20-43 (Date received local registrar) (b) Mrs. Lode Redman (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) (e) Means of injury _____

23. Sign. of J. B. ... (M. D. or other) _____
Address Excelsior Springs Date signed 5-18-43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-2-43

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.