

S. No. 2
M-5-42
5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2113

State File No.

FILED FEB 16 1948

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
430 North Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 430 North Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES FRANK OGG

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 Widowed
6. (b) Name of husband or wife Louisa Brown Ogg
6. (c) Age of husband or wife if alive, deceased deceased
7. Birth date of deceased December 23, 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 28
If less than one day
.....hr.min.

9. Birthplace Lexington, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ---

MOTHER FATHER
12. Name William A. Ogg
13. Birthplace Lexington, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Duerson
15. Birthplace Lexington, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eugene White
(b) Address Liberty, Missouri

17. (a) Burial (b) Date thereof Jan. 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cem., Richmond, Mo.

18. (a) Signature of funeral director Thurman Funeral Home
(b) Address 627 E. Main, Richmond, Mo.

19. (a) Jan 21 - 1948 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1948 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 11, 1948 to Jan 21, 1948
that I last saw him alive on Jan 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Arterial Sclerosis

Duration 10 days
5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 837
Of autopsy

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?.....

(Specify type of place)
While at work?..... (e) Means of injury 7

23. Signature Dr. E. Q. Revore (M. D. or other)
Address Richmond, Mo. Date signed Jan 25, 1948

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

RECEIVED

District Health Officer No. 0,

District File Number _____

Date Filed 2-14-48

MAR 8

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 L. Thurman, Registered Apprentice No. 65,
working under my personal supervision.

Signed W. L. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.