

MAR 19 1941
Registration District No. 371

Primary Registration District No. 4835

1. PLACE OF DEATH:

(a) County Monterey
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Viola Abigail Ogden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife James

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

7. Birth date of deceased Sept 17 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Monterey N.M.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Howard

13. Birthplace Monterey N.M.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Durham

15. Birthplace Calif D.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Chambers

(b) Address California Mo

17. (a) Burial (b) Date thereof 3/12
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City - Calif

18. (a) Signature of funeral director William F. H. H. H.

(b) Address California Mo

19. (a) 3-3-41 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1941 hour 2 minute 1 M.

21. I hereby certify that I attended the deceased from June 4 1940, to Feb 28 1941
that I last saw her alive on Feb. 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 15 min

Due to

Due to 94 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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. Signature H. R. Popejoy (M.D. or other) 3/3/41

Address California, Mo Date signed 3/3/41

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

Hugh E. Williams

Licensed Embalmer No. *3537*

P. O. Address *California 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.