

REC'D JUN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18132
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
 (b) Township Marion Primary Registration District No. 5122 Registered No. 2
 (c) City R.F.D. #1 Easton, Mo. (d) Street No. _____ St.
51 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

250 Michael Arthur Wogan
 (a) Residence, No. _____ St. R.F.D. #1 Easton, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1859.				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	79	7	18	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer			
	9. Industry or business in which work was done, as saw mill, bank, etc. Home place			
	10. Date deceased last worked at this occupation (month and year) Nov. 1938.		11. Total time (years) spent in this occupation ?	
12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Nebraska				
FATHER	13. NAME Maurice Wogan			
	14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland			
MOTHER	15. MAIDEN NAME Ann Bloomer			
	16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland			
17. INFORMANT Mrs. J. J. Sweeney (ADDRESS) Easton, Missouri.				
18. BURIAL, CREMATION, OR REMOVAL St. Joseph's Cent. PLACE Easton, Mo. DATE May 4, 1939				
19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.				
20. FILED <u>6/10</u> 19 <u>39</u> <u>W. B. Biggs</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1, 1939**

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1938 to May 1 1939.
 I last saw h. im alive on April 10 1939 at 12:30 PM. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
 Date of onset _____

Other contributory causes of importance:
Arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. B. Biggs, M. D.
 (Address) 82

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11;
39-695

District File Number

Date Filed

JUN 13 1939

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

Elbert E. Harrington

Registered Apprentice No. *****

working under my personal supervision.

Signed

Elbert E. Harrington

Licensed Embalmer No. 3258.

P. O. Address 1802 Union Str. St. Jose

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, above space should be left blank.