REC'D JUN 14 1939

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

18133
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 82

(b) Township Marion — Primary Registration District No. 5722 — Registered No. 3

(c) or City — (d) Street No. 1 Mile W. of Easton, Mo. St.
(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 71 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 Joseph Charles Wogan

(a) Residence, No. 1 Mile W. of Easton, Mo. St.
(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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Brady Wogan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 20, 1853.

7. AGE: Years 85 — Months 9 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

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.: Own place
10. Date deceased last worked at this occupation (month and year): May 1939.
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Litchfield Conn. 1

FATHER
13. NAME: Maurice Wogan 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 5

MOTHER
15. MAIDEN NAME: Ann Bloomer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Robert Wogan-Mrs. Rose Reardon Easton, Missouri.

18. BURIAL, CREMATION, OR REMOVAL: St Joseph's Cemt.
PLACE Easton, Mo. DATE June 3, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 6/10, 1939 D. L. Bigham Jr. Local Registrar. 82

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939, to May, 1939
I last saw him alive on May 30, 1939. Death is said to have occurred on the date stated above, at 8:15 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance: 97

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) G. F. Kimball, M. D.
(Address) Easton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11

X16605

RECEIVED
District Health Officer No. 11,
District File Number 39-696
Date Filed OCT 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 Robert P. Clarkson, Registered Apprentice No. ..... working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.