

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Missouri**
(c) Name of hospital or institution: **2634 Denver**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2634 Denver**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Mrs. Rachael F. Hogue 200**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **19th**
year **1939** hour **6:30** A.M. minute _____ M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **William P. Hogue** 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased **November 18, 1861**

21. I hereby certify that I attended the deceased from **5th Jan**, 19**39**, to **Oct 19**, 19**39**; that I last saw him **alive on Oct 17**, 19**39**; and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebrum** Duration _____

8. AGE: Years **77** Months **11** Days **1** If less than one day _____ hr. _____ min.

Due to **Arteriosclerosis**
Due to **Cancer of uterus**

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **At home**

Other conditions **40**
(Include pregnancy within 3 months of death)
Major findings: Of operations **no**
Of autopsy **no**

11. Industry or business _____
12. Name **William H. Burns**
13. Birthplace **Kentucky**
14. Maiden name **Martha McRittrick**
15. Birthplace **Kentucky**

22. If death was due to external causes, fill in the following: **no**
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature **Mr. John J. McCredy**
(b) Address **2634 Denver**
17. (a) **Burial** (b) Date thereof **Oct. 21/39**
(c) Place: burial or cremation **Floral Hills**
18. (a) Signature of funeral director **R. V. Lindsey & Sons**
(b) Address **3811 Broadway -- K.C., Mo.**
19. (a) **10/20/39** (b) **M. M. Grome**

23. Signature **R. V. Lindsey** (M. D. or other) _____
Address **309 E. 10th St.** Date signed **10-19-39**

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

Rev. 5-17-39
1 x1551

309 E 16

KIPJ

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 _____

_____ *Ralph Miller* Registered Apprentice No. *164*
working under my personal supervision.

Signed _____ *Lucas Heeler*
Licensed Embalmer No. *3738*
P. O. Address _____ *KIPJ*

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.