

FILED MAR 5 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. 7296

Registration District No. 531 Primary Registration District No. 4317 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Ch. O. City
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 yr years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon
(c) City or town Ethel 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.? _____ years.

3. (a) PRINT FULL NAME John A. Hogenson
(b) If veteran _____ (c) Social Security No. _____

20. DATE OF DEATH: Month Feb day 14 year 1940 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 14th, 1940, to Feb 14th, 1940, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 hr

7. Birth date of deceased July 1954
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years 85 Months 9 Days 19 hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Norway Sw Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

Major findings: Of operations _____ Of autopsy NW

11. Industry or business _____
12. Name Andrew Hogenson
13. Birthplace Norway Sw Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Svenner And Knud
15. Birthplace Norway Sw Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Hogenson
(b) Address Ethel Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) _____ (b) Date thereof Feb 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(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 _____

(c) Place: burial or cremation Ethel Mo

18. (a) Signature of funeral director E. E. Shaffer
(b) Address Chloe Mo

23. Signature Edward Corcoran (M. D. or other) _____
Address New Canaan Date signed MC

19. (a) 2-14-1940 (b) J. A. Shaffer
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 2-40-458

Date Filed FEB 28 1940

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 *E. E. Hopper*

Licensed Embalmer No. 878

P. O. Address *Channah, Ill.*

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.