

No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17945
State File No. _____
Registrar's No. 595

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:
Buchanan
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution:
1007 Seneca St.
(d) Length of stay: In hospital or institution 15 Years
In this community 15 Years

3. (a) PRINT FULL NAME Charles A. Hogan
(b) If veteran, name war No
(c) Social Security No. 491-09-1501

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Charlotte
(c) Age of husband or wife if alive years 11th. 1870
7. Birth date of deceased October 11th. 1870

8. AGE: Years 69 Months 7 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Bethany Missouri
10. Usual occupation Engineer Stationary
11. Industry or business Same

12. Name Granville Hogan
13. Birthplace Harrison Co. Missouri
14. Maiden name Mary Stagg
15. Birthplace Harrison County Missouri

16. (a) Informant Delphia Sims
(b) Address 1007 Seneca, St. Joseph
17. (a) Burial (b) Date thereof May 31st 1940
(c) Place: burial or cremation Bethany, Mo. Oakland Cemetery.

18. (a) Signature of funeral director
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 5-29-40 (b) A. G. Prestigiac

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph Missouri
(d) Street No. 1007 Seneca St.
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month May day 29
year 1940 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9-21-1937 to 5-27-1940
that I last saw him alive on 5-10-1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of cheek
Due to _____
Due to _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work (e) Means of injury _____
23. Signature Owen W. Lewis (M. D. or other) _____
Address _____ Date signed 5-29-40

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

MOTHER FATHER

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Albert P. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Pa.

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.