

No. 2  
11-10-39  
1-17-39  
I X21

JAN 13 1940

Registration District No. 24

Primary Registration District No. 5300

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town (Rural) Lebanon Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: (Rural)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) 2  
In this community Entire life

3. (a) PRINT FULL NAME Bettie Ellen Hogan

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Walker Hogan 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased October, 8th. 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 0 13 hr. min.

9. Birthplace Pettis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife at home

11. Industry or business

12. Name John Wesley Jones

13. Birthplace Mercer County, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Hopkins  
(b) Address Otterville, Mo. RFD

17. (a) Burial (b) Date thereof 10/24/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo

18. (a) Signature of funeral director Jessie E. Richard

(b) Address Lebanon, Mo

19. (a) Nov 1 40 (b) Bettie Hogan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Otterville, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st.  
year 1940 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1 1940 to Oct 21 1940  
that I last saw her alive on Oct 21 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Due to \_\_\_\_\_  
Due to 94 W  
Other conditions (include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at \_\_\_\_\_ (Specify name of place) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Date signed 10/24/40

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 12-21-40

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. E. Richard  
Licensed Embalmer No. 2466  
P. O. Address: Linton, Mo.

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.