

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

10023
Do not use this space.

1. PLACE OF DEATH

(a) County Coppe Registration District No. 73
 (b) ~~Township~~ Columbia Primary Registration District No. 3006 Registered No. 71
 (c) City 7 or (d) Street No. Traylor Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES EDWARD HOGAN

(a) Residence, No. COLUMBIA, MISSOURI St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mattie Hogan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1865
 7. AGE YEARS 76 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.
 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.
 10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

FATHER 13. NAME " "

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER 15. MAIDEN NAME " "

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Mrs. Susie Bell Slater, Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 3-18-1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. Stewart Parker, Columbia Missouri

20. FILED 3/18 1941 Allie Salby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1941

22. I HEREBY CERTIFY, That I attended deceased from March 5 1941 to March 14 1941
 I last saw him alive on March 14 1941. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Cardiac failure
 Date of onset 146 days
4-6

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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? no
 If so, specify
 (Signed) Paul E. Douglas M. D.
Traylor Hosp., Columbia, Mo
74 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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~~.....
.....
working under my personal supervision.

Registered Apprentice No.
Signed *Stuart P. Parker*.....

Licensed Embalmer No. *2900*.....

P. O. Address *Columbia M*.....

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.