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X26390

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3229 Karnes Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3229 Karnes Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM E HOGAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Maoy L. Hogan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 17 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 17 hr. min.

9. Birthplace Tippecanoe Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 7 years

11. Industry or business Dierks Lumber Co.

MOTHER FATHER { 12. Name Malachi Hogan
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary McDonnell
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant May L. Hogan

(b) Address 3229 Karnes Blvd.

17. (a) Burial (b) Date thereof Aug. 30, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Guirk & Tobin Co.

(b) Address 20 West Linwood

19. (a) 8/29/41 (b) M. M. Crome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day August
year 1941 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8/28/41 to 8/28/41
that I last saw him alive on 8/28 and that death occurred on the date and hour stated above.

Immediate cause of death
Diffuse myocardosis
with Cardiac Hypertrophy
Duration 15 yrs

Other conditions (Include pregnancy within 3 months of death) asc 2

Major findings: Of operations None
Of autopsy As above

Duration
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?

23. Signature M. M. Crome
Address 1021 Karnes Bldg Date signed 8/28/41
(Specify type of place) (Date of injury)

APR 7 1941

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..... *Harold Perry*.....
Licensed Embalmer No. *4097*.....
P. O. Address..... *K. C. 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, fact should be so stated above.