No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1941

Registration District No. 334

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35038

Primary Registration District No. 4197

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Harrison 041 0
(c) City or town Bethany Rural 0
(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.? 0 years.

3. (a) PRINT FULL NAME John Sherman Hogan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ona Hogan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) - 6 (Day) - 1888 (Year)

8. AGE: Years 53 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Harrison (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Henry M. Hogan
13. Birthplace Decatur (City, town, or county) Iowa (State or foreign country)
14. Maiden name Mary A. Brough
15. Birthplace Decatur (City, town, or county) Indiana (State or foreign country)
16. (a) Informant A. R. Hogan
(b) Address Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Oakland Cemetery
18. (a) Signature of funeral director Thurston Hale
(b) Address Bethany Mo.
19. (a) 10/2/1941 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th year 1941 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from November 10, 1940, to Sept. 17th, 1941; that I last saw him alive on Sept. 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration 2 wks.
Due to Coronary occlusion & Hypertension
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: Of operations — 94a
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 work? — (Specify type of place) (e) Means of injury 0
23. Signature A. R. Lyddon, Jr. (M. D. or coroner)
Address Bethany, Mo. Date signed 10-2-41

(Licensed Embalmer's Statement on Reverse Side)

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.