

FILED MAY 12 1942

Registration District No. 1848

Primary Registration District No. 5904

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James - rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps 81

(c) City or town Russell
(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 Ellen Hogan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female **5. Color or race** Wh

6. (b) Name of husband or wife _____ **6. (a) Single, widowed, married, divorced** Single

7. Birth date of deceased. 3 10 - 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months - Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Phelps Co OMO
(City, town, or county) (State or foreign country)

10. Usual occupation Wine Keeper

11. Industry or business _____

12. Name John Hogan

18. Birthplace Ireland I
(City, town, or county) (State or foreign country)

14. Maiden name Joanna Magle

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant John Smallwood

(b) Address St James

17. (a) Burial **(b) Date thereof** 5-14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director W. K. Krehler

(b) Address St James Mo

19. (a) 4/10/42 **(b)** Chas. Dickson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 1942 hour 9:30 minute 0 M.

21. I hereby certify that I attended the deceased from 3-11, 1942 to _____, 19____;
that I last saw her alive on 3-11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Hydrostatic Pneumonia

Due to Cardio-vascular - renal disease

Due to Supernumerary of all age

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? _____
(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

23. Signature J. W. Cottingham (M. D. or other) Do.

Address St James Mo **Date signed** _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8000

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.....

Licensed Embalmer No.....

P. O. Address.....

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.