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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26701

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 829

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1702 S.20th Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11 1 7
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1702 S.20th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Anna Fogarty

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 25 (Day) 1878 (Year)

8. AGE: Years 64 Months 5 Days 27 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Fogarty
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Ellen Hogan
15. Birthplace Erie (City, town, or county) Penn. 1 (State or foreign country)

16. (a) Informant Margaret E.Fogarty
(b) Address 1702 S.20th Str.St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug.24,1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Clivet Cemetery

18. (a) Signature of funeral director Herman W. Eckenfaden
(b) Address 1802 Union Str. St.Joseph,Mo.

19. (a) 8-24-42 (Date received local registrar) (b) Rose Hegy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd year 1942 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 19 1942 to Aug 19 1942 that I last saw her alive on Aug 19 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of lungs.	4 hr.
Due to Cause unknown.	
Due to	
Other conditions Myocard. Chr. 7 (Include pregnancy within 3 months of death)	
Major findings: Of operations 1142	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Earl H. Dugan (M. D. or other)
Address 620 Francis Date signed 8/22/42

(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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.