

FILED MAR 16 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5236

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County CEGAR

(b) City or town Box-Township  
(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 MISSOURI (b) County CEGAR

(c) City or town RURAL-Box Township  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD MOGAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1943 hour 9 minute 30 P. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AMELIA MOGAN

6. (c) Age of husband or wife if alive 74 years 6 months 1867 (Day) (Year)

7. Birth date of deceased MARCH (Month)

21. I hereby certify that I attended the deceased from Jan 4 1943 to February 4 1943 that I last saw him alive on Jan 25 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 10 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death arteriosclerosis Duration 1 yr.

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation FARMER

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations None

12. Name JOHN MOGAN

Of autopsy None

13. Birthplace IRELAND (City, town, or county) (State or foreign country)

14. Maiden name MARY JANE CACY

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

16. (a) Informant Miss Amelia Mogan

(b) Address R. 2, El Dorado Springs, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-6-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Dell (Cem)

18. (a) Signature of funeral director Swinn-Siders

(b) Address El Dorado Springs, Missouri

19. (a) 2-6-43 (Date received local registrar) (b) L. W. Dunaway (Registrar's signature)

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. R. Williams (M. D. or other)

Address El Dorado Springs Date signed 2-6-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,  
District File Number 2-43-116  
Date Filed 2-10-43

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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 C. B. Siders

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs, 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.