

S. No. 2
M-9-4-41
5-17-39
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16973

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

ED JUN 7 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2134

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:
GENERAL HOSPITAL #2 **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 min.**
(Specify whether years, months or days)

In this community **25 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**

(c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **2029 1/2 Troost** **8**
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **ANNA HOGAN**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **495-03-2999**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th** year **1943** hour **1:05** minute **03** A.M.

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

6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife **Linwood Hogan**

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

7. Birth date of deceased **February 8 1891**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 5, 1943** **12:05 a.m.** to **1:05 a.m.** that I last saw her alive on **May 5, 1943** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	52	2	27hr.min.

Immediate cause of death **Acute Congestive heart failure**

Due to **Hypertensive type heart disease**

9. Birthplace **McCord Arkansas**
(City, town, or county) (State or foreign country)

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Housework**

Major findings: Of operations

Of autopsy **same as above**

11. Industry or business

12. Name **? Stovall**

13. Birthplace **? Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy ?**

15. Birthplace **? Arkansas**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Record Clerk**

(b) Address **General Hospital #2**

17. (a) **burial** (b) Date thereof **5/8/1943**
(Burial, cremation, or removal) (Specify date and year)

(c) Place: burial or cremation **Lincoln Cemetery**

While at work? (Specify type of place)

Means of injury

23. Signature **J. C. [unclear]** (M. D. or other)

Address **Gen. Hosp. #2-6016** Date signed **5-6-43**

18. (a) Signature of funeral director **Hatkins Bros**

(b) Address **1729 Lydia, Kansas City, Mo.**

19. (a) **5/8/43** (b) **M. M. Brown**
(Date received by local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Joan Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.