S. No. 2
M—2-43
5-17-39
I X3559

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20248

State File No.

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 2563

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 1101 Guinotte (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

48
3
8

3. (a) PRINT FULL NAME: Patrick Bogard
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, divorced, married: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 25 (Day) 1890 (Year)
8. AGE: Years 52 Months 5 Days 9 If less than one day hr. min.
9. Birthplace: KC (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: Richard R. Bogard
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: Bigley Ann Smithey
15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: KC Sec Dept.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Wm A Johnson
(b) Address: City Mortuary
19. (a) 6-6-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1943 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 1 1943 to June 4 1943; that I last saw him alive on June 4 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic carcinoma with metastasis	
Due to: 47C	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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: Denny R. Thom (M. D. or other)
Address: Date signed:

361 (Licensed Embalmer's Statement on Reverse Side)

JUN 24 1943

JUN 25 1943

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 Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address Kansas City 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.