

FILED SEP 21 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 3870

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:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 29 hrs.  
(Specify whether  
 In this community 29 Hours  
years, months or days)

3. (a) PRINT FULL NAME PATRICK J HOGERTY

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Male 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 Sept 5 1943  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

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

MOTHER FATHER { 12. Name Daniel Hogerty  
 13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lillian McCarthy  
 15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Hogerty  
 (b) Address 2247 East 169th St

17. (a) Burial (b) Date thereof 9/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk and Quinn Co  
 (b) Address 20 West Linwood

19. (a) 9-8-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

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") 8  
 (d) Street No. 2247 East 69th  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/7/43  
 year 12 hour 35 minute A M.

21. I hereby certify that I attended the deceased from 9/5/43  
 \_\_\_\_\_, 19\_\_\_\_, to 9/7/43, 19\_\_\_\_;  
 that I last saw him alive on 9/6, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart lesion  
without interventricular septum?

Duration 2 1/2  
4 1/2  
29

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

Due to 157e

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

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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 \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_

23. Signature Harold L. Garrow (M. D. or other) \_\_\_\_\_  
 Address 310 Alameda Rd Date signed 9/7/43

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

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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..... *Harlan Rogers* .....

Licensed Embalmer No. *2810* .....

P. O. Address. *H. C. ...* .....

**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.**