

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31473

State File No.

Registrar's No. 63

LED OCT 9 1943

Registration District No. 75

Primary Registration District No. 3015

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron, Missouri

(c) Name of hospital or institution:
E. S. Clark

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Cameron

(d) Street No. East 5 St

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

If yes, name country Life time

3. (a) PRINT FULL NAME John Joseph Hogan

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1943 hour 12 minute 50 A.M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 24, 1874

21. I hereby certify that I attended the deceased from July 27th 1943, to Sept 22nd 1943; (that I last saw him alive on Sept 22 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 2 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death: Cancer of prostate gland and bladder

Duration 4 mo

9. Birthplace Missouri

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Retired Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

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MOTHER FATHER

11. Industry or business _____

12. Name Michael Hogan

13. Birthplace Ireland

14. Maiden name Joyanna Ward

15. Birthplace Ireland

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? _____

(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 E. S. Compton (M. D. or other) 00

Address Cameron Mo Date signed 9/24/43

16. (a) Informant Dorothy Hogan

(b) Address Cameron Mo

17. (a) Burial (b) Date thereof Sept 25, 1943

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron, Missouri

19. (a) Sept 24, 1943 (b) Mrs. Nathleen Harris

1086 (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.

FEB 10 1945

Signed Herald F Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.