

S. No. 2  
M-7143  
v. 5475  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
OCT 15 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32956  
Registrar's No. 281

Registration District No. 274

Primary Registration District No. 5935

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia, Missouri (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural / Sedalia 11 days  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
Unknown (Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Texas (b) County Unknown 999  
(c) City or town Waco 41  
(If outside city or town limits, write "RURAL")  
(d) Street No. 517 Turner St. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - 9

3. (a) PRINT FULL NAME Franklin M. Hogan ASN 38436126  
3. (b) If veteran, World War 3. (c) Social Security  
name war #2 No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 5th  
year 1943 hour 11:00 minute P. M.  
21. I hereby certify that I attended the deceased from Never  
Never 19     to Never 19    ;  
that I last saw him alive on Never 19    ;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Virgie O'Dell Hogan 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Feb. 18, 1918  
(Month) (Day) (Year)

Immediate cause of death Depressed fracture of skull. Chest completely crushed. Died instantly  
Duration

8. AGE: Years Months Days If less than one day  
25 6 18 - br. - min.

Due to 173 lb  
Due to 34

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

Other conditions Multiple fractures of extremities  
(Include pregnancy within 3 months of death)

10. Usual occupation Soldier

Major findings: None performed

11. Industry or business U. S. Army  
12. Name Franklin M. Hogan  
13. Birthplace Unknown Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

Of operations None performed  
Of autopsy None performed  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Army Records  
(b) Address - - -  
17. (a) Removal (b) Date thereof 9/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Waco Texas

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Airplane accident  
(b) Date of occurrence 11:00 P.M. Sept. 5, 1943  
(c) Where did injury occur (Rural) Sedalia, Pettis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
During aircraft flight  
(Specify type of places)  
While at work? Yes (e) Means of injury Plane crash

18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia  
(b) Address 9/8/43  
Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

23. Signature Callie Long M.C.  
Sedalia Army Air Field, (M. D. or other) 9/7/43  
Address Warrensburg, Missouri Date signed

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

MOTHER FATHER

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number

Date Filed

10-12-43

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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.....

Licensed Embalmer No. 3868

P. O. Address, Sedalia 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.