

S. No. 2
 M-8-43
 5-17-39
 1 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1944 149

State File No. 6118
 Registrar's No. 977

Registration District No. Primary Registration District No. 1002

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: Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
 In this community 40 years (Specify whether years, months or days)

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. 515 S. Elmwood
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Roma Elmer Hogue
 (b) If veteran, name war World War 1
 (c) Social Security No. 486-03-8719

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 28
 year 1944 hour 8 minute 30 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Feb. 3, 1899
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 28 1944 to Feb 28 1944
 that I last saw him alive on Feb 28 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 0 Days 25 If less than one day hr. min.

Immediate cause of death Multiple myeloma
 Duration about 3 months

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

Due to
 Due to
 Other conditions 552
 (Include pregnancy within 3 months of death)
 8th St.

10. Usual occupation Superintendent of Printing Shop
 11. Industry or business Universal Mfg. Co., 405 E.
 12. Name Osias Hogue
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Hays
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Of autopsy Multiple myeloma

16. (a) Informant Margaret Hogue
 (b) Address 515 S. Elmwood
 17. (a) Burial (b) Date thereof 3-2-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

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) (e) Means of injury

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.
 19. (a) 3-1-44 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature G. Salwan (M. D. or other)
 Address 1405 Bryant Bldg. Date signed Feb 29/44

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

*Dr. Stephen
Bryant Todd*

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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 *B. H. Blackeiser*

Licensed Embalmer No. *2244*

P. O. Address.....

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.