

FILED OCT 27 1944

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett,
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Marion Hogan Hogan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4th
year 1923 hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, married
divorced single

6. (b) Name of husband or wife Bertie M Hogan 6. (c) Age of husband or wife if
alive 36 years

7. Birth date of deceased April 6th 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 10 Days 28 If less than one day
hr. _____ min. _____

Immediate cause of death Influenza- Pneumonia

Due to _____

Due to _____

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

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

Major findings: 23
Of operations _____

Of autopsy _____

10. Usual occupation Coach Carpenter

11. Country of business

12. Name F. M. Hogan

13. Birthplace Springfield, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ida Lauderdale

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. S. Hogan

(b) Address Monett, Mo

17. (a) Burial (b) Date thereof 3-5-23
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F. O. O. P.

18. (a) Signature of funeral director Callaway's

(b) Address Monett, Mo.

19. (a) 4-14-23 (b) W. M. West
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of injury) (e) Means of injury _____

23. Signature Dr. J. M. Russell (M. D. or other)
Address Monett, Mo Date signed 3-5-23

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

MOTHER FATHER
can't say if
1-10-1923
1-10-1923

DEC 26 1944

NOV 24 1944

NOV 29 1944

NOV 10 1944

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.....

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.

State of Mississippi }
County of Monroe } ss.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33588

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9

On this 14th day of December, 1944, before me appears Mrs. Bertie M. Hagan Smith, who, upon her oath, states that the original record of ^{birth} death for James Marion Hagan died March 4, 1923, in the State of Missouri, and which was filed at Jefferson City, Mo. Oct 27, 1923 should be corrected as follows:

Item No. 3 a should read James Marion Hagan

Instead of James Marion Hagan

Item No. 6 a should read married

Instead of single

Item No. 6 B should read Bertie M Hagan

Instead of ←

Item No. 6 C should read 36 yrs

Instead of ←

Item No. 17 should read March 5 1923

Instead of March 14 1923

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Bertie M. Hagan Smith, ^{former} wife
Affiant Relationship.

Amory Mississippi
Present Address.

Subscribed and sworn to before me this 14th day of December, 1944

My Commission expires July 27, 1946 Ray Wood Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

