

FILED FEB 14 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 448

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:
Rear of Whitley Hosp in automobile
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Few minutes (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")
(d) Street No. Box 176 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Burks Hogan

3. (b) If veteran, name war no 3. (c) Social Security No. 703-12-6210

4. Sex Male 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced 9 Unknown
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August-10-1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Kingston La.
(City, town, or county) (State or foreign country)

10. Usual occupation Labarer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record, Smith Const. Co
(b) Address Houston, Texas

17. (a) Burial (b) Date thereof 1-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Ed Slack
(b) Address 1213 Vine, K.C., Mo.

19. (a) 1-29-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1945 hour 1:15 minute 7 M.

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

Immediate cause of death Broncho Pneumonia
Duration _____

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Susp. History
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 place) (e) Means of injury _____

23. Signature J. P. Richardson (M. D. or other) _____
Address 7832 Vine Date signed 1-28-45

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

18
3
8

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.....

E. Stuhling Bells

Licensed Embalmer No.....

1212

P. O. Address.....

K. C. M. A.

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.