

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

15902

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2241

FILED JUN 4 1945
Registration District No. 1945/49

Primary Registration District No. 1002

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

148
3
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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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 2 Days
38 years (Specify whether years, months or days)

In this community... 38 years

3. (a) PRINT FULL NAME MRS. MARY M HOGERTY

3. (b) If veteran, name war... No

3. (c) Social Security... None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife... Daniel Hogerty

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

7. Birth date of deceased... Dec 19 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>5</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation... Housewife

11. Industry or business... _____

MOTHER FATHER

12. Name Thomas M Wren

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

14. Maiden name... Susan Downs
(City, town, or county) (State or foreign country)

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

16. (a) Informant... Daniel Hogerty

(b) Address... 5925 Walnut

17. (a) Burial (b) Date thereof... May 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Calvary Cemetery

18. (a) Signature of funeral director... Quirk & Tobin

(b) Address... 20 West Linwood

19. (a) 5-23-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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... 5925 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country... _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day May
year 1945 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from May 20
1945, to May 22, 1945;
that I last saw h. en alive on May 22, 1945;
and that death occurred on the date and hour stated above

Immediate cause of death... Extensive left extra pleural emphysema
Duration 2 hours

Due to... hypertensive arteriosclerosis heart disease
Duration 1 year

Due to... Myocarditis
Duration year

Other conditions... none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations... _____

Of autopsy... as above

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) none

(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... John T. Spurrer (M. D. or other) MD
Address... 1102 Walnut Ave Date signed 5-23-45

X.C.M.O

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.