

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28151

FILED SEP 13 1945
Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 202

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: City Hospital # 2
(d) Length of stay: In hospital or institution 4 hrs
In this community 22 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(d) Street No. 310 N Broadway
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MATTIEU HOGAN

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

4. Sex M 5. Color of race N 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Conway Hogan 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 12 19 1905 (Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Bellair Cooper Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Hotel Maid

12. Name Rev George Gellin

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

14. Maiden name Lavada Emery

15. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Rev George Gellin

(b) Address 323 N Wash Sedalia

17. (a) Burial (b) Date thereof 8-4-45 (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

18. (a) Signature of funeral director F.D. Ferguson

(b) Address Sedalia Mo

19. (a) 8/3/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1945 hour 4:50 P.M.

21. I hereby certify that I attended the deceased from July 31, 1945 to Aug 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Labor Pneumonia Intestinal Inflammation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3 lb Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. R. Medford (M. D. or other) M.D. Address 116 W. Main Date signed 8-2-45

1022

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-12-45

SEP 20 1945

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 F. B. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.