

**FILED** OCT 13 1945

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4078

**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:  
none 16th & Blue 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether  
In this community 35 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 16th & Blue 8  
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles L. Hogan

3. (b) If veteran, name war no

3. (c) Social Security No. no

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month 10 day 4  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2 before 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased: Unk Unk 1869  
(Month) (Day) (Year)

Immediate cause of death: Decapitation

Due to R.R. Traumatism

Due to train & pedestrian

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>76</u>			hr. _____ min.

Major findings: 10-4-45

Of operations: \_\_\_\_\_

Of autopsy: no

History of Insipidum

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Carlsville Ill 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business "

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 10-4-45

(c) Where did injury occur? 16th & Blue KC, Jackson, Mo 123  
(City or town) (County) (State)

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

While at work? no (e) Means of injury R.R. Train

23. Signature J. M. Walker 2 (M. Doctor or other)  
Address 1424 Prof Bldg Date signed 10-4-45

**MOTHER FATHER**

12. Name Thomas Hogan

13. Birthplace Unk Ky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy ? Unk

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

16. (a) Informant Chester H. Hogan

(b) Address 3832 E 15th St.

17. (a) Burial (b) Date thereof 10/5/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo

19. (a) 10-4-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

**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.....

*John P. Sheel*

Licensed Embalmer No. 3625

P. O. Address. K 6 Mo

**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.**