

S. No. 2  
M-5-43  
5-17-39  
I X3667

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JUL 2 1946** STANDARD CERTIFICATE OF DEATH

State File No. **20316**  
Registrar's No. **2691**

Registration District No. **149** Primary Registration District No. **1002**

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

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: **Wheatley Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Week**  
In this community **12 Years** (Specify whether 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. **1408 East 12th St.** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Aurena Hogan**  
(b) If veteran, name war **No**  
(c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **17th** year **1946** hour **1** minute **30 A. M.**

4. Sex **Female** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Fred Hogan**  
6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **March 10, 1899**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 10** 19**46** to **June 17, 1946** that I last saw **her** alive on **June 16, 1946** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**47** **3** **7** hr. min.

Immediate cause of death **Coronary Thrombosis 16 hrs.**  
Due to  
Due to

9. Birthplace **Nachedshe, Texas**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

Other conditions **Fibroidectomy** **6 days**  
(Include pregnancy within 3 months of death)

11. Industry or business  
12. Name **Unknown**  
13. Birthplace **Texas**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elvira Teal**  
15. Birthplace **Texas**  
(City, town, or county) (State or foreign country)

Major findings: **Fibroidectomy of Uterus**  
Of operations **9/4**  
Of autopsy **no**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Fred Hogan**  
(b) Address **1408 East 12th St.**  
17. (a) **Burial** (b) Date thereof **6/24/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lincoln Cemetery**  
18. (a) Signature of funeral director **Watkins**  
(b) Address **1429 Lyndea Ave.**  
19. (a) **6-18-46** (b) **Sheraldine Holme**  
(Date received local registrar) (Registrar's signature)

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 **0**  
23. Signature **D.M. Miller** (M. D. or other) **0**  
Address **1605 E. 18th St.** Date signed **6-18-46**

*Wm. Miller*

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**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.....

*J. Jerome Mandrove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**