

FILED AUG 19 1946
Registration District No. **797**

Primary Registration District No. **1002**

Registrar's No. **3349**

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. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether years, months or days)
In this community **30 Years**

3. (a) PRINT FULL NAME **MRS. CAROLINE HOGUE**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **W. M. Hogue**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **March 13th 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 **4** **19** hr. min.

9. Birthplace **Bowling Green Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business
12. Name **John W. Lewis**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Harwood**
15. Birthplace **Michigan**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. M. Hogue**
(b) Address **45 East 53rd Street**
17. (a) **Burial** (b) Date thereof **8 - 5 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**
(b) Address **104 West 42nd St. Kansas City, Mo.**

19. (a) **8-3-46** (b) **Heraldine Holme**
(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. **45 East 53rd Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **2nd**
year **1946** hour **7** minute **30 A. M.**
21. I hereby certify that I attended the deceased from **8-1**
1946, to **8-2**, 19**46**
that I last saw h. **alive** on **8-2**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paroxysmal Tachycardia (Ventricular)	12 hrs.
Due to Cause undetermined	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Autopsy Refused.	

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 **Arnold V. Burns** (M. D. or other)
Address **201 Plaza and Blvd. K.C., Mo.** Date signed **8/2/46**

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

26010

MAY 2 1949

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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

1 Diana M...
Turnover 1100 to 5100
D... 7