No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1128

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 165

WRITE PLAINLY—USING 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~~: ST JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 DAYS (Specify whether
In this community 50 YEARS
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. 5539 SWOPE PARK WAY 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLIFTON M. HOGUE
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-10-8438

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or wife~~ MRS. GERTRUDE HOGUE
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased AUGUST-19- 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace JOHNSON CO- KANSAS
(City, town, or county) (State or foreign country)
10. Usual occupation SHIPPING CLERK
11. Industry or business UP JOHN DRUG COMPANY

FATHER
12. Name FRANK L. HOGUE
13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name GERTRUDE RIPPITO
15. Birthplace KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. GERTRUDE HOGUE
(b) Address 5539 SWOPE PARKWAY
17. (a) BURIAL (b) Date thereof JAN-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ GREEN LAWN CEMETERY
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 1-12-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9th
year 1948 hour 5 minute 10 P M.

21. I hereby certify that I attended the deceased from 8-9-47, 19.., to 1-9-, 1948
that I last saw him alive on 1-9-, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of right lung	9 MO
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

47 8

Major findings:
Of operations Metastatic carcinoma of lungs + liver
Of autopsy —

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? — (Specify type of place)
While at work? — (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address 25th & Troost, KC, MO Date signed 1-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

10-12; 2-5

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 John E. Fraking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.