

FILED MAY 7 1948

Registration District No. 749

Primary Registration District No. 1002

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. MARYS HOSP.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 MINUTES
(Specify whether
 In this community 6 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON
 (c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 1119 E. 8ST.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR. JAMES R. HOOG

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

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

6. (b) Name of husband or wife MARY D. HOOG 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased APR 6 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation FLAGSMAN

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN Hoog
 13. Birthplace TENN
(City, town, or county) (State or foreign country)
 14. Maiden name MARY IRVIN
 15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant NELLIE E. HOOG

(b) Address 1419 E 8TH'S

17. (a) BURIAL (b) Date thereof 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GREEN LAWN

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 4-22-48 (b) Heraldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21
 year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 4, 1947, to APRIL 21, 1948
 that I last saw him alive on 21 APRIL, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Insufficiency Duration 2 hr.
 Due to Coronary Sclerosis 6 YRS.
 Due to Hypertension 4 YRS.

Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings: 93D
 Of operations _____

Of autopsy The Above FINDINGS & Acute PULMONARY - CONGESTION
Underline the cause to 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 W. Downey (M. D.)
 Address 800 Argyle Bldg. K.C. Mo. Date signed 4-21-48

W. P. Nielsen
Corryville
of the 121. 000

800

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..... *Robert H. Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *H. C. 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.