

National Office of Vital Statistics

FILED AUG 10 1948

Registration District No. 26

Primary Registration District No. 3049

1. PLACE OF DEATH:

(a) County Remiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Green Hogan
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____

4. Sex Female 5. Color Colored
6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased December 7, 1922
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 0
If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business: _____
12. Name Ben Dew
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name J. Plue
15. Birthplace Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Lewis
(b) Address Hayti, Mo

17. (a) Burial (b) Date thereof 7-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayti, Mo

18. (a) Signature of funeral director John St German
(b) Address Hayti, Mo

19. (a) 7-23-48 (b) John W German
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot 178
(c) City or town Hayti 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased Woman
9-9-48, 1947, to 7-7-48 1948
that I last saw her alive on 7-30-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 46 D
Of autopsy _____

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 2
23. Signature J. J. Masters (M.D. or other)
Address Hayti, Mo Date signed 7-9-48

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

MOTHER FATHER

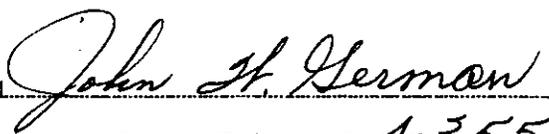
8-48-222

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  _____

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.