

FILED JAN 10 1949  
Registration District No. 299

Primary Registration District No. 3043

Registrar's No. 411

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Elizabeth's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 400 N. 5th St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: ---

3. (a) PRINT FULL NAME GEORGE MARTIN HOGAN

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary G. Hogan 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased: August 15 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation retired engineer

11. Industry or business C. B. & Q. Railroad

12. Name Martin Hogan

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Moss

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary G. Hogan  
(b) Address 400 N. 5th, Hannibal, Mo.

17. (a) burial (b) Date thereof 12/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Kathryn A. Schwartz  
(b) Address 1000 Broadway, Hannibal, Mo.  
19. (a) 1-4-49 (b) D. E. M. [unclear]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28  
year 1948 hour 10 minute 40 a.m.

21. I hereby certify that I attended the deceased from 12-18-48  
to 12-28-48  
that I last saw him alive on 12-28-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Central thrombosis

Due to Chronic myocarditis with uterine relaxation

Due to Thrombosis of right tibial artery

Other conditions of 3/11  
(Include pregnancy within 3 months of death)

Major findings: Thrombosis of tibial artery - peripheral gangrene of right leg  
Of operations: None  
Of autopsy: Right leg

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 fall

23. Signature B. G. [unclear] (M. D. or other) M.D.  
Address Hannibal, Mo. Date signed 1-4-48

MOTHER PATERN

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 \_\_\_\_\_

*Kenneth R. Salsman*

Registered Apprentice No. *273*

working under my personal supervision.

Signed \_\_\_\_\_

*Paul Richard Brown*

Licensed Embalmer No. \_\_\_\_\_

*4324*

P. O. Address \_\_\_\_\_

*Anniston, 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.