

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

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FILED JAN 6 1949

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 198

1. PLACE OF DEATH:
 (a) County Verdun
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
630 E. Pycamore
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether)
 In this community 70 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Verdun
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 630 E. Pycamore
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 13
 year 1948 hour 7 minute 15 PM
 21. I hereby certify that I attended the deceased from MAY
1944 to Dec 13 1948
 that I last saw her alive on December 13 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife George Hogan 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased: November 23 1866
 (Month) (Day) (Year)

Immediate cause of death
CORONARY HEART DISEASE
ARTEROSCLEROTIC V.A. DISEASE
 Duration 5 1/2 YEARS

8. AGE: Years 82 Months 0 Days 20 If less than one day
 hr. _____ min. _____

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

9. Birthplace Jane Hanks Indiana
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations 93
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER }
 11. Industry or business _____
 12. Name Fred Gack
 13. Birthplace Indianapolis
 (City, town, or county) (State or foreign country)
 14. Maiden name Estella
 15. Birthplace Indianapolis
 (City, town, or county) (State or foreign country)

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 _____
 23. Signature Wm. J. Miller M.D. (M. D. or other)
 Address Nevada, Mo. Date signed 12/17/48

16. (a) Informant George Hogan
 (b) Address 630 E. Pycamore Nevada, Mo.
 17. (a) Burial (b) Date thereof Dec 15 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Deepwood Cemetery
 18. (a) Signature of funeral director Ferry Funeral Home
 (b) Address Nevada, Missouri
 19. (a) 12-30-48 (b) Wathkins Yancy
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 1248-1512

Date Filed 1-5-49

JAN 12 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.....
ABA

Licensed Embalmer No. 1760

P. O. Address Nevada 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.