

FILED APR 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12854
1454

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY OR TOWN KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| c. LENGTH OF STAY (in this place) 64 YEARS | | d. STREET ADDRESS (If rural, give location) 2718 TROOST AVENUE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2718 TROOST AVENUE | | d. STREET ADDRESS (If rural, give location) 2718 TROOST AVENUE | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRANKLIN c. (Last) VOGAN, SR. | | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 29 1951 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH JAN-5-1887 | | 9. AGE (In years last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUDITOR RETIRED-3 MOS. | |
| 11. BIRTHPLACE (State or foreign country) KANSAS CITY MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 10b. KIND OF BUSINESS OR INDUSTRY R.C. SOUTHERN INDUSTRY RAILROAD | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME JULIUS VOGAN | | 13b. MOTHER'S MAIDEN NAME LOUISA STEIN | | 14. NAME OF HUSBAND OR WIFE MRS. JOHNNIE MAY VOGAN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 702-12-0235 | | 17. INFORMANT'S SIGNATURE OR NAME DR. LEO VOGAN ADDRESS 122 CYPRESS AVENUE KANSAS CITY MO. | |

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|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac failure terminal | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arthritic rheumatoid | | 4 yr | |
| | | DUE TO (c) _____ | | 7220 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **Jan 31, 1950**, to **3/28, 1951**, that I last saw the deceased alive on **2/28, 1951**, and that death occurred at **7:35 A.M.**, from the causes and on the date stated above.

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|---|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE Leo Vogan (Degree or title) D.O. | | 23b. ADDRESS 122 Cypress Ave. | | 23c. DATE SIGNED 3/29/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE APR-3-1951 | | 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY | |
| | | | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 4-3-51 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomers ADDRESS 1391 BRUSH CREEK KANSAS CITY MO. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Doyle L. Daniel

Signed.....

Student Embalmer

Licensed Embalmer No. 4702

P. O. Address K. 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.