

STANDARD CERTIFICATE OF DEATH

State File No.

2123

FILED JUN 2 1955

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY 50 Yrs. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. FULL NAME OF HOSPITAL OR INSTITUTION 2205 East 69th. Street

3. NAME OF DECEASED a. (First) Lulu b. (Middle) Ann c. (Last) Hogan 4. DATE OF DEATH (Month) (Day) (Year) May 14 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH 10 Feb. 1873 9. AGE (In years last birthday) 82

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homemaking 11. BIRTHPLACE Davis County, Iowa 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Robert D. Thompson 13b. MOTHER'S MAIDEN NAME L. J. Cochran 14. NAME OF HUSBAND OR WIFE William H. Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS William H. Hogan - 2205 E. 69th.

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS myocardial infarction

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1955, to May 14, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 3 P. M., from the causes and on the date stated above.

23a. SIGNATURE R. W. Butcher (Degree or title) M.D. 23b. ADDRESS 1805 E. 80th St Kansas City, Mo. 23c. DATE SIGNED May 16, 1955

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 17 May 1955 24c. NAME OF CEMETERY OR CREMATORY Floral Hills 24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 5-16-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPEL, K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. *485*.....

P. O. Address *KC*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.