. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33305

State File No.

Registration District No. 42 Primary Registration District No. 405-5 Registrar's No. 967

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Easton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Easton, Missouri. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 56 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Easton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Josephine Wogan

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John Wogan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 21 (Day) 1860 (Year)

8. AGE: Years 82 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Davenport (City, town, or county) Iowa. / (State or foreign country)
10. Usual occupation At home
11. Industry or business

FATHER
12. Name John E. Brumm
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Anna Barry
(b) Address Easton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery.
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union Str., St. Joseph, Mo.
19. (a) 10-13-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1942 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from 4-1-1936, 19, to 10-10-42, 19; that I last saw her alive on 10-4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning
Due to Chronic Bright
Due to
Other conditions cellulitis of Cowl limbs from Eczema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

31 f

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 G. F. Kimball (M. D. or other)
Address Easton Missouri Date signed 10/14 42

R33 (Licensed Embalmer's Statement on Reverse Side)

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 Herman Wm Siedenfaden.

Licensed Embalmer No. 2728.

P. O. Address St. Joseph, 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.