

REC'D JUL 12 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

21079

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson  
 (b) Township Kaw  
 (c) City Kansas City  
 (e) Length of residence in city or town where death occurred 45 yrs. mos. ds.

Registration District No. 399Primary Registration District No. 1002Registered No. 2529

(d) Street No. St. Marys Hospital  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Florence G. COOGAN. 250(a) Residence, No. 5109 Tracy.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Thomas W. Coogan.

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 10, 1889

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

481011

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City Mo.

FATHER

## 13. NAME

Cornelius Hogan

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

MOTHER

## 15. MAIDEN NAME

Ellen Halvey

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

## 17. INFORMANT (ADDRESS)

Mrs Ellen Hogan, mother 5109 Tracy, K.C.Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE CalvaryDATE 6/24/38.

## 19. FUNERAL DIRECTOR (ADDRESS)

Melody-McGilley. K. C. Mo.

## 20. FILED

June 24, 38 M. M. Grove

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 21, 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

July 1927 to June 20, 1938I last saw him alive on June 20, 1938. Death is saidto have occurred on the date stated above, at 39 m.

The principal cause of death and related causes of importance were as follows:

Cancer of urinary bladder

Date of onset

2 years

## Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? very picture Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Clarence D. Copell, M. D.(Address) 113 North 11th

(Licensed Embalmer's Statement on Reverse Side)

*Dr. Cooper*  
*12-01-2021*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_, L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

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

**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.)**