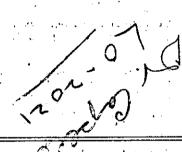
W,	BUREAU OF	VITAL STATISTICS CATE OF DEATH 21079
	PLACE OF DEATH	299 Do not use this space.
•	V	strict No.
	(b) Township KaW Primary Regist	ation District No. 2529
	(c) City Kansas City (d) Street No.	St. Marys Hospital. h occurred in Hospital or Institution, write its name instead of street and number
	(e) Length of residence in city or town where death occurred Tyrs.	mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos.
2, 1	PRINT FULL NAME Florence G. COOGAN.	250
	(a) Residence, No. 5109 Tracy. (Usual place of abode, if no atreet address, write co	nty or city) (If nonresident, give city or town and State)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-•	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 7/
	Temale White Married	22. I HEREBY CERTIFY. That I attended deceased
ЭA.	. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF Thomas W Coorse	July 1, 127, to June 20,
_	211018813 11. 0008211.	I last sow h alive on June 10 , 1934 Death
	DATE OF BIRTH (MONTH, DAY, AND YEAR) AGE YEARS MONTHS PAYS IT LESS that	I to have occurred on the date stated above, at
	11 day,	8. 0 1 1 5 70 14
z	8. Trade, profession, or particular kind of At Home	ancer of arman Hadden 23
TION	work done, as sawyer, bookkeeper, etc. As TOILE 9. Industry or business in which work	
JPA	was done, as saw mill, bank, etc	13P
oca	10. Date deceased last worked at this occupation (month and spent in this year)	
12	BIRTHPLACE(CITY OR TOWN) Kansas City	Other contributory causes of importance:
	(STATE OR COUNTRY) MO	
HER	13. NAME Cornelius Hogan	1
Ę	14 RIPTUPI ACE (CITY OF TOWN)	
ŭ.	(STATE OR COUNTRY) Illinois	Name of operation Date of Date
ER	15. MAIDEN NAME Ellen Halvey	23. If death was due to external causes (violence), fill in also the following
F	16. BIRTHPLACE (CITY OR TOWN).	Accident, suicide, or homicide?
ž	(STATE OR COUNTRY) Illinois	Where did injury occur? (Specify city or town, county, and State)
17.	INFORMANT Mrs Ellen Hogan, mother	Specify whether injury occurred in industry, in home, or in public place.
	(ADDRESS) 5109 Tracy, K.C.Mo.	Manner of injury
18,	BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/24/38.	Nature of injury
10	FUNERAL DIRECTOR Mellody-McGilley.	24. Was disease or injury in any way related to occupation of deceased?
	(ADDRESS) K. C. MO.	Signed) Clarany D Cahall
20.	FILEDAME > 4,38 Dh. M. Com	(Address)//7 Realls Alla
	Local Registra	



STATEMENT BY LICENSED EMBALMER

Ť	Licensed Emb	almer No	
1,	•		
hereby certify that the body recorded on the reverse side of	his certificate was embalmed by		
	•	• • • • •	
L. E	,	**********	
Noor by	, Registered App	rentice No	
working under my personal supervision.			
to any possession out to the second of the second out to the secon	Signed		
	Licensed Em	balmer 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.)