N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22559
Do not use this space.

1. PLACE OF DEATH
(a) County Platte
(b) Township Weston
(c) City Weston
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 698
Primary Registration District No. 5926
Registered No. .....

2. PRINT FULL NAME 262 Alpha Ellen Rogers
(a) Residence, No. Weston Mo Rural
(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 Guy Rogars
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1898
7. AGE YEARS 42 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Near Tatau Mo 0

FATHER
13. NAME James Page 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER
15. MAIDEN NAME Mary Isabel Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Guy Rogers Weston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Laurel Hill DATE June 14 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brill Mortuary Weston Mo
20. FILED 6/13 1940 J. H. Brill
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb-8-, 1940, to June-12-, 1940
I last saw her alive on June-12-, 1940. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Esophageal end: lesser curvature.
46

Date of onset undetermined

Other contributory causes of importance:
None ascertained

Name of operation Exploratory laparotomy Date of Feb-8-1940
What test confirmed diagnosis? operation 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? no
If so, specify ✓
(Signed) Lewis E. Calvert M. D.
628 (Address) Weston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 740-993
Date Filed JUL 2 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.