

FILED NOV 10 1942

Registration District No. 135

Primary Registration District No. 3127

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life years, months or (days) _____ (Specify whether _____)

3. (a) PRINT FULL NAME Phyllis Dell Rogers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Rogers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 22, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>21</u>	hr. _____ min.

9. Birthplace Webb Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name J. J. Cray

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Eliza Morgan

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Kunk

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof Oct 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Webb City

(b) Address Webb City

19. (a) Oct. 15, 1942 (b) Mrs. Lillie Sage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 511 S. 1st
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1942 hour 1:15 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 8, 1942, to Oct 13, 1942, that I last saw her alive on Oct 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 82a

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. K. Sage (M. D. or other) Dr.
Address Webb City, Mo. Date signed 10/15/42

42.10.852

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 myself, Registered Apprentice No. _____, working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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, above space should be left blank.