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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32025

Registration District No. 80

Primary Registration District No. 5673

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural — Monroe Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 miles west of Winfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

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

(d) Street No. 4 miles west of Winfield
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lillian Jean Rogers

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August (Month) 12 (Day) 1943 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 2 hr. ..... min.

9. Birthplace Winfield (RFD. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name J. Elmer Rogers
13. Birthplace Lincoln Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Verna Lillian Lusse
15. Birthplace Lincoln Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant father
(b) Address Winfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director O. Garland Ricks
(b) Address Winfield, Mo.

19. (a) Aug 14-43 (Date received local registrar) (b) Mrs Susan Dixon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 194 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 12, 1943 to August 13, 1943 that I last saw her alive on August 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia followed by Pulmonary Edema. Respiratory failure

Due to mal presentation

Due to

Other conditions Premature
(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.

161a

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 Dr. J. J. Allevato (M. D. or other)

Address Winfield, Mo. Date signed 8/16/43

1155

(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 .....

Licensed Embalmer No. 4012

P. O. Address Winfield, 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.