V. S. No. 2
0M—9-4-41
v. 5-17-39
I X29484

25
2
1

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42037

FILED JAN 10 1944

Registration District No. 1544 Primary Registration District No. 4138 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 91 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25 2

(c) City or town Lathrop 1
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sallie Virginia McKee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 17 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Clinton Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

FATHER
12. Name Isaac Newton Rogers
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Todd
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Young
(b) Address Lathrop Mo

17. (a) Burial (b) Date thereof 12/27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lathrop Mo.

18. (a) Signature of funeral director DeMars Crunk
(b) Address Lathrop Mo

19. (a) 12-27-43 (b) Mrs Kathleen Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1943 hour 11 minute 6 M.

21. I hereby certify that I attended the deceased from Dec-20-43, 19, to Dec-25-43, 19
that I last saw her alive on Dec-24-43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 83a1

Due to

Other conditions senile debility
(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.

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 E B Dunkerson (M. D. or other)

Address Lathrop Mo Date signed 12-26-43

1086

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER Not

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 Lee Wm Crunk

Licensed Embalmer No. 2533

P. O. Address Rathrop, 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.