. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5472

State File No.

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Mexico General Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rual 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D.#4, Mexico, Mo.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Josephine L. Rogers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife David L. Rogers

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 15, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	X	11	hr. min.

9. Birthplace Wyoming, Wisconsin 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Joiner
13. Birthplace Vermont 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Muellie Gaige
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. David L. Rogers
(b) Address Mexico, Mo.

17. (a) Burial. (b) Date thereof 2/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Prudd
(b) Address Mexico, Mo.

19. (a) 3/1/45 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1945 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 26
2:30 P.M. 1945 to 9:30 P.M. 1945;
that I last saw her alive on Feb 26 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

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 R. D. Swan 2 (M. D. or other) 190
Address 1005 W. Love St Mexico Mo Date signed 3/1/45

1074

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1949

JUL 17 1950

RECEIVED
District Health Officer No. 10
District File Number 2-45-484
Date Filed MAR 8 1945

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 Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.