S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5902

State File No.

Registration District No. 74 Primary Registration District No. 4186 Registrar's No. 33 - 6

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg (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 years, months or days) 90 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Laura Frances Rogers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Wm Frederick Rogers

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

7. Birth date of deceased DEC. (Month) 16 (Day) 1854 (Year)

8. AGE: Years 90 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Clinton County (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name John W. Hedges
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Lucy Katherine Wilkerson
15. Birthplace Clinton County (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Rogers

(b) Address Plattsburg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 24 (Day) '45 (Year)

(c) Place: burial or cremation Green lawn

18. (a) Signature of funeral director Lyon Funeral Home

(b) Address Plattsburg, Mo.

19. (a) Jan 24 - 45 (Date received local registrar) (b) Mrs A C Harlell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 23 day 1945 year hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from Jan 10, 1945 to Jan 23, 1945 that I last saw her alive on Jan 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	13 da
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 W B Spalding M. D. or other MD

Address Plattsburg Mo Date Jan 24 45

1085

(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 J. G. Lyon

Licensed Embalmer No. 952.

P. O. Address Stewartville 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.