

**FILED** OCT 10 1945

Registration District No. 53

Primary Registration District No. 30101

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Poinston, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bonnie June 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, Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 22, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 5 10 hr. min.

9. Birthplace Near Advance, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Theodore Rogers

13. Birthplace Bollinger Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Overbey

15. Birthplace Vigo County Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Rogers

(b) Address Poinston, Mo.

17. (a) Burial (b) Date thereof Sept. 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park

18. (a) Signature of funeral director Floyd S. Morgan

(b) Address Advance, Mo.

19. (a) 9-10-45 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3  
year 1945 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 30 1945, to Sept 3 1945  
that I last saw her alive on Sept 3 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis  
Duration 3 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 130

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence None

(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) (a) Means of injury \_\_\_\_\_

23. Signature Clas. J. Husted (M. D. or other) \_\_\_\_\_

Address Cape Girardeau, Mo. Date signed 9/7/45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4  
District File Number 1045-1147  
Date Filed 10-6-45

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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.....

Lloyd S. Morgan....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lloyd S. Morgan.....

Licensed Embalmer No. 8361

P. O. Address Advance, 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.