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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 20 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Hospital & Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all her life (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

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

(e) Citizen of foreign country? native-born (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Lemmie Koger

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 married

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 9, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Luther Shafer

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

14. Maiden name Annie Anthony

15. Birthplace New Madrid, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Koger

(b) Address Sibley, Missouri

17. (a) Burial Cemetery (b) Date thereof 5/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Cemetery

18. (a) Signature of funeral director Demon M. Reppert

(b) Address Buckner, Missouri

19. (a) May 31-1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1946 hour 112 minute 050 A.M.

21. I hereby certify that I attended the deceased from March 2, 1945, to May 26 - , 1946
that I last saw her alive on May 25 - , 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Septic pharyngitis
and 154 blood transfusions

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)
Developed cells - Colitis

Major findings:
Of operations no operation

Of autopsy no autopsy

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. Allen M.D. (M. D. or other)

Address Independence, Mo. Date signed 5/27/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Roland R. Sparks

Licensed Embalmer No. *3604*

P. O. Address *Independence*

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.