

1. PLACE OF DEATH:  
 (a) County Laclede  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Saise Wallace Hospital G  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Camden  
 (c) City or town Eldridge 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Star Route 0  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME Wilda May Rogers  
 (b) If veteran, name war .....  
 (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 10  
 year 1946 hour 1 minute ..... P.M.  
 21. I hereby certify that I attended the deceased from Nov  
6, 1946 to Dec 10, 1946  
 that I last saw her alive on Dec 10, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Marion Rogers  
 (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased: May 20 1916  
 (Month) (Day) (Year)

Immediate cause of death myocardial failure  
 Due to mitral stenosis, 6 yrs.  
 Due to .....  
 Other conditions ascites & edema 4 mos.  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
30 6 20 hr. min.

Major findings:  
 Of operations no  
 Of autopsy .....  
 Underline the cause to which death should be charged statistically.

9. Birthplace Camden Co. Mo n  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER  
 12. Name Wiley A Vance  
 13. Birthplace Camden Co Mo (1)  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lulu McVay  
 15. Birthplace Laclede Co Mo (1)  
 (City, town, or county) (State or foreign country)

16. (a) Informant Marion Rogers  
 (b) Address Eldridge, Mo. Star R.

17. (a) burial (b) Date thereof Dec 12-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Bankson-Woolery  
 (b) Address Camden, Mo

19. (a) Dec 27 1946 (b) Ora Frankburger  
 (Date received local registrar) (Registrar's signature)

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? (Type of injury) 0

23. Signature James L. Hope (M. D. or other)  
 Address St. Louis, Mo Date signed 12/27/46

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

3  
1  
2

Received ..... 1/3/46  
Laclede County Health Unit  
File No. 12-46-189  
Date Filed ..... 1/3/46

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robt Bankson Woolery  
Licensed Embalmer No. 2488  
P. O. Address Camden, 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.