

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED FEB 20 1947

Registration District No. 100

Primary Registration District No. 4200 5189 2

Registrar's No. 4

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL JOACHIM TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 YEARS (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. NEAR ANTONIA MO (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPHINE ROGERS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE D

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

7. Birth date of deceased JAN 31 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 11 20 hr. \_\_\_\_\_ min.

9. Birthplace ANTONIA MO O  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business 11

12. Name FIDELD ROGERS

13. Birthplace ANTONIA MO O  
(City, town, or county) (State or foreign country)

14. Maiden name LOUISA RUCHELMFESTER

15. Birthplace WASHINGTON MO O  
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE ROGERS

(b) Address PEVELY MO R.R.

17. (a) BURIAL (b) Date thereof JAN 23 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANTONIA CEMETERY ANTONIA MO

18. (a) Signature of funeral director HEINRICH TAG FUNERAL HOME

(b) Address KIMMSVEICHT MO R.R. 2

19. (a) JAN 23 1947 (b) Clara Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21  
year 47 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from July 1946 to Jan 21 1947  
that I last saw her alive on 1-20 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Uterus) Duration \_\_\_\_\_

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

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

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

Major findings: 49B  
Of operations \_\_\_\_\_

Of 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 0

23. Signature O. F. Reich MD (M. D. or other)

Address Ammonick (City or town) (County) (State) signed 1/23/47

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

