S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 24535

Registrar's No. 167

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town CARTHARGE (If outside city or town limits, write "RURAL" and name of township) 0
(c) Name of hospital or institution: MCCUNE BROOKS (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BARTON 6
(c) City or town JASPER (If outside city or town limits, write "RURAL") 0
(d) Street No. RFD (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JULIA J. ROGERS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife CHARLEY
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased JAN (Month) 19 (Day) 1882 (Year)

8. AGE: Years 65 Months 6 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace HENRY COUNTY MO: (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name JOHN ROUT
13. Birthplace EUGENE, TENN (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name HESTER E. PROUSE
15. Birthplace PARIS, ILL: (City, town, or county) (State or foreign country)
16. (a) Informant BERNIS ROGERS
(b) Address JOPLIN, MO:
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation OZARK MEMORIAL
18. (a) Signature of funeral director PARKER HUNSAKER
(b) Address JOPLIN, MO:
19. (a) 8-5-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 13

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 25th year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb. 24, 1946, to July 25, 1947; that I last saw her alive on July 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3-4 days
Due to: Chronic nephritis	2 years?
Paralytic ileus	8 days
Due to: Complete left hemiplegia from stroke of apoplexy in Jan. 1946 -	1½ years
Other conditions: Pernicious anemia (Include pregnancy within 3 months of death)	
Arteriosclerosis Arteriosclerotic heart disease	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Charles H. Schell (M. D. or other) M.D.
Address 347 S. Main, Carthage, Mo. Date signed July 26, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-620

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.