No. 2
/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

30463

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1129

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Wells Nursing Home 701 S. 17th St. (If not in hospital or institution, write street number or location) 4

(d) Length of stay: In hospital or institution 7 months (Specify whether

In this community 46 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. 118 Ohio Street (If rural, give location) 7

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph William Rogers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rella Rogers

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

7. Birth date of deceased April (Month) 27 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	77	4	22	hr. min.

9. Birthplace Lathrop (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Retired Bar Tender

11. Industry or business Tavern

FATHER
12. Name James C. Rogers
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Emmeline C. Alnutt
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Wm. J. Kenney

(b) Address 118 Ohio St., St. Joseph, Mo.

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

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-24-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th year 1947 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 2 Aug 20, 1947 to Sept 19, 1947 that I last saw him alive on Sept 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Central Hemorrhage	8/19/47
Due to Asterio Sch. Gen	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83A

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 Frank H. Hastegan (M. D. or other)

Address 620 Florence St. St Joseph, Mo. Date signed 9/20/47

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

JAN 9 1948

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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.