No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9576

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 66

1. PLACE OF DEATH:

(a) County: Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital (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: Missouri (b) County: Andrew

(c) City or town: Nodoway (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ida May Rogers

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: George Sanford Rogers

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

7. Birth date of deceased: July (Month) 15 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	5	hr. min.

9. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER

12. Name: John T. Chilcoat

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

MOTHER

14. Maiden name: Hulda C.

15. Birthplace: Sedalia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Eldon Maxwell

(b) Address: Barnard, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/23/48 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Johns Reformed Cem

18. (a) Signature of funeral director: Heaton Bowman Funeral Home

(b) Address: St. Joseph, Mo.

19. (a) 3-20-48 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1948 hour 10 minute 53 P M.

21. I hereby certify that I attended the deceased from July, 1946, to March, 1948 that I last saw her alive on March 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ventricular Tachycardia	24Hrs.
Due to: Hypostatic Pneumonia	
Due to: Cerebral Hemorrhage	
Other conditions (Include pregnancy within 3 months of death):	

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)

While at work? (e) Means of injury:

23. Signature: Gilbert B. Kelley (M. D. or other)

Address: Savannah, Mo. Date signed: 3/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ 21 Mar 48, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3619

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.