

FILED JUN 9 1948 94

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: 919 Franklin St
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3: (a) PRINT FULL NAME Stella Rogers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased May 5th 1878
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
70	—	24	hr. _____ min.

9. Birthplace Ind
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name nodata

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name M

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant John Rogers

(b) Address Moberly, mo

17. (a) Burial (b) Date thereof May 30 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, mo

19. (a) May 30-48 (b) Leah Wellman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 919 Franklin St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1948 hour _____ minute 25 a.m.

21. I hereby certify that I attended the deceased from Jan 48
_____ 1948 to May 29 1948

that I last saw him alive on May 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ac Cordiac collapse Duration 10 min

Due to Myocardial Hypertension 109

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy IA

PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Al Kempfle (M. D. or other) _____

Address Moberly, mo Date signed 5-30-48

MAR 19 1949

RECEIVED

District Health Officer No. 12

District File Number 6-48-1407

Date Filed JUN 8 - 1948

RECORDED

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

Frank D. DeWitt

Licensed Embalmer No.

3021

P. O. Address

Moberly, 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.