

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8143

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5462</u>		Registrar's No. <u>219</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -- Franklin</u>		c. LENGTH OF STAY (In this place) <u>47 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Franklin</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fair Grove, Mo. Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Fair Grove, Mo. Rt. 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Velma</u>			b. (Middle) <u>Dortha</u>		c. (Last) <u>Rogers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 5 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 14, 1902</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Strafford</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Wommack</u>			13b. MOTHER'S MAIDEN NAME <u>?</u>		14. NAME OF HUSBAND OR WIFE <u>Fred O. Rogers-Dec.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Irene Rogers</u>		ADDRESS <u>Fair Grove</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis since 19/11</u> ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized, severe.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4 501</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>					
22. I hereby certify that I attended the deceased from <u>1941</u> , to <u>February, 1949</u> , that I last saw the deceased alive on <u>2-16-</u> <u>1949</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. M. K. Klingner M.D.</u>				23b. ADDRESS <u>1630 W. Jefferson</u>		23c. DATE SIGNED <u>3-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bassville</u>		24d. LOCATION (City, town, or county) (State) <u>4 Mi. North Strafford</u>			
DATE REC'D BY LOCAL REG. <u>3/8/49</u>		REGISTRAR'S SIGNATURE <u>R. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.