

FILED NOV 9 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34154

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 461

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Joplin</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>42 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1716 Annie Baxter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ermine</u> b. (Middle) <u>I</u> c. (Last) <u>Rogers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 16, 1891</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traveling Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Excelsor Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm L. Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bryan</u>		14. NAME OF HUSBAND OR WIFE <u>A. C. Rogers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. C. Rogers, 1716 Annie Baxter</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation complicating valvular heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Rt hemiplegia</u>			<u>4343</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 10-9, 1949, to 10-18, 1949; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Hunsaker, M.D.</u> (Degree or title)		23b. ADDRESS <u>Joplin, Mo.</u>		23c. DATE SIGNED <u>10-20-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-20-49</u>		REGISTRAR'S SIGNATURE <u>Ed. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker-Hunsaker Mortuary Joplin Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-1-49
Jasper County Health Office

County File Number 49-10-840

Date Filed 11-8-49

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 *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.