

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39894

BIRTH NO. _____ REG. DIST. NO. 042 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1470

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>9 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>914 N 3rd St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Convalescing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELLA</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>ROGERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-1950</u>
-------------------------------------	------------------------	------------------------	-------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>11-16-1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
-----------------	---------------------------	--	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rooming House</u>	11. BIRTHPLACE (State or foreign country) <u>Milan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Arthur H. Rogers</u>	13b. MOTHER'S MAIDEN NAME <u>U. Langdon</u>	14. NAME OF HUSBAND OR WIFE <u>Schmidt</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Rogers</u>	ADDRESS <u>Milan, Mo.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>Unknown</u>
	DUE TO (c) <u>XXXXXX</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXX</u>			<u>352X</u>

19a. DATE OF OPERATION <u>XXXXXX</u>	19b. MAJOR FINDINGS OF OPERATION <u>XXXXXX</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXX</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXXXXX</u>
---	---	--

22. I hereby certify that I attended the deceased from Feb. 11, 1950, to Dec. 28, 1950, that I last saw the deceased alive on Dec. 27, 1950, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clement J. Hammond</u> (Degree or title)	23b. ADDRESS <u>Schneider Building St. Joseph, Missouri</u>	23c. DATE SIGNED <u>12-29-50</u>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 4, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry</u>	ADDRESS <u>St. Joseph, Mo.</u>
---	---	--	--------------------------------

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

117
4

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 Victor Barry

Licensed Embalmer No. 14212

P. O. Address St. Joe 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.