

No. 2
-12-45
S-17-39
I X47070

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution per 5 days
(Specify whether in this community 12 years 6 months 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 11

(c) City or town Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 7
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eddie Rogers

3. (b) If veteran, name war unt

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 5-1-1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 5
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name J. S. Rogers 0

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

14. Maiden name Ludlow

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

16. (a) Informant Henry Carter

(b) Address St. Joseph, Mo.

17. (a) removal (b) Date thereof 1-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bucklin, Mo.

18. (a) Signature of funeral director Stamper Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 1-13-48 (b) B. La Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
year 1948 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 12-18-47 to 1-5-48, 1948
that I last saw him live alive on 1-5-48 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Arterio-sclerosis

Due to _____

Other conditions Psychosis - 13 years
(Include pregnancy within 3 months of death)

Major findings: mental deficiency.

Of operations _____

Of autopsy autopsy

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 Forrest Thomas M. D. or other _____
Address State Hospital No. 2 Date signed 1-6-48

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

MOTHER, FATHER

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.....

Charles M. Harman....., Registered Apprentice No. *450*

working under my personal supervision.

Signed..... *John Roy Blaine*

Licensed Embalmer No. *2435*

P. O. Address..... *St Joseph*

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.