No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11613

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 523

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: Mercy Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 32 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1003 Felix Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lucy Rogers
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Oscar E. Rogers
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: September (Month) 28 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	7	6	hr. min.

9. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William Henry French
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Cornelia Houghtia
15. Birthplace: Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant: Oscar E. Rogers
(b) Address: 1003 Felix St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) May 7, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1948 hour 4 minute 55PP. M.
21. I hereby certify that I attended the deceased from 4/13/48, 19..., to 5/4/48, 19...; that I last saw her alive on 5/4/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis
Due to: Chronic myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration: Unknown

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature: H. N. Tosgan (M. D. or other) DO
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed 5/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.