No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1948

Registration District No. 333

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~6115~~ 3074

State File No. 42173

Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Delta Community Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid

(c) City or town: Matthews
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: Lula Belle Rogers

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Jim Rogers

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: March (Month) 9 (Day) 1901 (Year)

8. AGE: Years 47 Months 9 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: Knoxville, (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: House-wife

11. Industry or business: Home

MOTHER FATHER

12. Name: Frank Steele

13. Birthplace: Mississippi (City, town, or country) (State or foreign country)

14. Maiden name: Sarah ? Steele

15. Birthplace: ? Mississippi (City, town, or country) (State or foreign country)

16. (a) Informant: Husband, Jim Rogers

(b) Address: Matthews, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Cemetery

18. (a) Signature of funeral director: Fred J. Smith (Fred J. Smith)

(b) Address: 1212 Maud St. Sikeston, Mo.

19. (a) 12-16-48 (Date received local registrar) (b) Mrs. R. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 1948 hour 1200 noon minute ____ M.

21. I hereby certify that I attended the deceased from 12-6-1948, 19__, to 12-12-, 1948, that I last saw her alive on 12-12-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Edema, Pulmonary	3 hr.
Due to: Hypertension, Malignant	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) M.D.

Address: Sikeston, Mo Date signed 12-13-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1248-1621
Date Filed 12-16-48

DEC 21 1948

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.