DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1949

Registration District No. 391

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3765

Primary Registration District No. 4505

Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Bell City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Bell City, Mo (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: MATILDA V. 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: Widowed
6. (b) Name of husband or wife: Henry Rogers
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 14 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	21	hr. min.

9. Birthplace: Saline Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Jim Powell
13. Birthplace: Not Known (City, town, or county) (State or foreign country)
14. Maiden name: Janie
15. Birthplace: Not Known (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lizzie Rogers DeGraw
(b) Address: Bell City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 7 1949 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove
18. (a) Signature of funeral director: Floyd E. Morgan
(b) Address: Advance, Mo.
19. (a) 2-9-49 (Date received local registrar) (b) Bernice Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1949 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from August 31, 1948, to Jan. 4th, 1949 that I last saw her alive on Jan. 4th, 1949; and that death occurred on the date and hour stated above.

Immediate cause of death: Left Ventricular Failure	Duration
Due to: Pneumonia (Lobar)	
Due to:	
Other conditions: Hypertensive Heart Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
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: Gordon C. Bemphill (M. D. or other) D.O.
Address: Bloomfield, Mo Date signed 1-8-49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 249-25
Date Filed 2-14-49

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lloyd L. Morgan

Licensed Embalmer No. 4493

P. O. Address Advance, N

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.