

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33694
4378

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Illinois b. COUNTY PERRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pinckneyville 8129	
c. LENGTH OF STAY (In this place) 5 weeks		d. STREET ADDRESS (If rural give location) 705 WILSON X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home			
3. NAME OF DECEASED a. (First) LYDA b. (Middle) ROGERS c. (Last) ROGERS		4. DATE OF DEATH (Month) (Day) (Year) October 15 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 16, 1874
9. AGE (In years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY at Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Pinckneyville, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William A. Craig		13b. MOTHER'S MAIDEN NAME Frances Secannon	
14. NAME OF HUSBAND OR WIFE George Rogers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Madge Behner, 1940 65th Street		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As Per von Leon's Certificate Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trauma's DUE TO (c) Choleliths	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1940 to 10-15, 1950, that I last saw the deceased alive on 10-15, 1950, and that death occurred at 10:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Fred Irwig, (Degree or title) Noel Irwig M.D.		23b. ADDRESS Kansas City, Mo.	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-16-50	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) PINCKNEYVILLE ILLINOIS	
DATE REC'D BY LOCAL REG. 10-16-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
FUNERAL DIRECTOR'S SIGNATURE S. H. Newcomer		ADDRESS 1331 BRUSH CREEK BLDG. KANSAS CITY, MO.	

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

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