

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

21  
1639  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002 Registered No. 327  
 (c) City RC Mo (d) Street No. 523 Grand St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Rodgers 326  
 (a) Residence, No. 523 Grand St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
 9. Industry or business in which work was done, as saw mill, bank, etc. water works  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER 13. NAME John Rodgers  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halifax Virginia

MOTHER 15. MAIDEN NAME Ulda Reese  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halifax Virginia

17. INFORMANT (ADDRESS) Mrs Eva Carter  
Libby Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan 21 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo. C. Cannon  
101 N. Pleasant

20. FILED Jan 21 1938 M. M. Brown  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/38 1938  
 22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Bum chymumina  
107  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Chalk M. D.  
 (Address) Oliver

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 18 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Ray E Snow, Licensed Embalmer No. 2560

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Ray E Snow  
.....  
Licensed Embalmer No. 2560

**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.)**