REC'D JUL 11 1938

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

21953
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 14
(b) Township — Primary Registration District No. 4211 — Registered No. 16
(c) City Windsor — (d) Street No. ____ 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 Mrs. Charlotte Champ Rogers — 3.62
(a) Residence, No. ____ St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. C. Rogers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 18, 1901
7. AGE — YEARS: 36 — MONTHS: 11 — DAYS: 8 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home maker
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): Hamilton, Missouri — 0
FATHER
13. NAME: George T. Champ — 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York — 0
MOTHER
15. MAIDEN NAME: Rose Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
17. INFORMANT: H. C. Rogers
(ADDRESS) Windsor, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE May 27th, 1938
19. FUNERAL DIRECTOR (NAME) Huston-Turner
(ADDRESS) Windsor
20. FILED May 28, 1938 — [signature] Local Registrar. 311

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1938, to 5-26, 1938
I last saw her alive on 5-26, 1938. Death is said to have occurred on the date stated above, at 3:00 p m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-23-38
82.41	
Other contributory causes of importance:	
Essential hypertension	P

Name of operation: none — Date of:
What test confirmed diagnosis? clinical — Was there an autopsy? no

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? no
If so, specify
(Signed) Ray A. Jordan, M. D.
(Address) Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

SEP 28 1953

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 Elldell Huston

Licensed Embalmer No. 3391

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.