

NOV 15 1938

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

35402

Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 185-
 (b) Township Linden Primary Registration District No. 5259 Registered No. _____
 (c) City _____ (d) Street No. Near Rogersville, Mo. 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 Dr. Isaac Newton Rogers

(a) Residence, No. Rogersville, Mo. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie H. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
 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) Christian County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Dr. Robert Dook Rogers

14. BIRTHPLACE (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jaunita Wilson Watts

16. BIRTHPLACE (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

17. INFORMANT Jesse Rogers
 (ADDRESS) Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Oct. 15, 1938

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED 11-1, 1938 Josephine Merritt
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 12, 1938

I last saw him alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____
Terminal Bronchial
Pneumonia
6/6/38
 Other contributory causes of importance:
Toxic Shock - Ch. Myocarditis
-Smoking-

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Ronald F. Elkins, M. D.

(Address) Springfield Mo.

RECEIVED

District Health Officer No. 6,

District File Number NOV 4 1938

6-38-455

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

Leahia German

Licensed Embalmer No. 3177

P. O. Address

Springfield, Mo.

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.)

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