

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

38252
Do not use this space.

RECD DEC 14 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 11002
 (c) City Wemo (d) Street No. Wheatsy Hospital Registered No. 4486
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 326 Floyd Rodgers

(a) Residence, No. _____ St. Ottawa Kansas
 (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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as bookkeeper, etc.
 9. Industry or business in which work was done, as stone
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa, Kansas

FATHER 13. NAME Lee Rodgers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa, Kans.

MOTHER 15. MAIDEN NAME Frances Inzell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa Kans

17. INFORMANT (ADDRESS) Lee Rogers, Ottawa, Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa, Kans. DATE Nov. 3

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McBee Mortuary, Ottawa, Kans.

20. FILED Nov. 17, 38 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/1938

22. I HEREBY CERTIFY, That I attended deceased from 11/16/1938, to 11/17/1938
 I last saw him alive on 11/17/1938 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Incarcerated
Right Inguinal Hernia
 Other contributory causes of importance: Stone 1220

Name of operation Hernioplasty Date of 11/17/38
 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? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Stone
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Eugene Perry, M. D.
 (Address) 1214 Vine, St. City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-1-1-38-33 I X14023

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.