

REC'D JAN 13 1939

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

41790
Do not use this space.

1. PLACE OF DEATH

(a) County Fairfax Registration District No. 399
 (b) Township 1st Primary Registration District No. 1002
 (c) City Rice Grove (d) Street No. 5818 6th 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.

Registered No. **4856**

2. PRINT FULL NAME

(a) Residence, No. 5818 6th St St. (If nonresident, give city or town and State)
2612 Mary Lane Rogers (Rogers)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1938

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1938 to Dec 10, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1959

I last saw her alive on Dec. 10, 1938 1938 Death is said to have occurred on the date stated above, at 2:35 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 28

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

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

Cerebral Haemorrhage Date of onset

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

Other contributory causes of importance:
Respiratory Paralysis

FATHER
 13. NAME William Charles

Name of operation no Date of no
 What test confirmed diagnosis? chest Was there an autopsy? no

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

MOTHER
 15. MAIDEN NAME Mary Cook

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

17. INFORMANT (ADDRESS) William Rogers
5818 6th St

18. BURIAL CREMATION, OR REMOVAL PLACE St. Mary's DATE Dec 12 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert Hendon
Rice Grove

20. FILED Dec 12 1938 M.M. Brown
 Local Registrar

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) Robert Hendon M. D.

(Address) 920 Henderson Ave

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

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.

*Produced by
P. O. & Printing
920 - Newton*

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.