

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

26557  
Do not use this space.

DEAD AUG 16 1939

1. PLACE OF DEATH *Platte* *2*  
 (a) County *Platte* Registration District No. *692*  
 (b) Township *Dearbon* Primary Registration District No. *4414*  
 (c) City *Dearbon* (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 *Jda. Rogers*  
 (a) Residence, No. \_\_\_\_\_ 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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *widowed*  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *R. J. Rogers*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May-29-1861*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*78 3 7*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None keeping*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *In home*  
 10. Date deceased last worked at this occupation (month and year) *Jan 11 1938* 11. Total time (years) spent in this occupation *30*  
 12. BIRTHPLACE (CITY OR TOWN) *Richmond* (STATE OR COUNTRY) *Missouri*  
 FATHER 13. NAME *Unknown*  
 14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Missouri*  
 MOTHER 15. MAIDEN NAME *Unknown*  
 16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *Missouri*  
 17. INFORMANT *Amanda Deane* (ADDRESS) *Dearbon Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Dearbon am.* DATE *July 8, 1939*  
 19. FUNERAL DIRECTOR (NAME) *Lucia Davis* (ADDRESS) *Dearbon Mo.*  
 20. FILED *July 30, 1939* *M. T. Moore* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 6, 1939*  
 22. I HEREBY CERTIFY, that I attended deceased from *May 24, 1939* to *July 6, 1939*  
 I last saw him alive on *July 6, 1939* Death is said to have occurred on the date stated above, at *2:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Cerebral Hemorrhage*  
 Date of onset *1938*  
 Other contributory causes of importance: *Cancer*  
 Name of operation *none* Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*  
 23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? *no* Date of injury *no*, 19\_\_\_\_  
 Where did injury occur? *no* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury *work*  
 Nature of injury *work*  
 24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify *no*  
 (Signed) *W. J. Hale*, M. D.  
 (Address) *Dearbon, Mo.*

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

RECEIVED

District Health Officer No. 111

District File Number 839-1046

Date Filed AUG 11 1939

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**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 Lucian Davis

Licensed Embalmer No. 1714

P. O. Address Seaborn, Md.

**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.