

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Nannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) Twenty three years

8. (a) PRINT FULL NAME Luther Lean Rogers

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 490-07-8643

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maud Elliott Rogers 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 3 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>3</u>	hr. min.

9. Birthplace Wagner Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Employed at Webmeyers

11. Industry or business Webmeyers Transfer Co

12. Name James A. Rogers

13. Birthplace (No not know) Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Michael

15. Birthplace (No not know) Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. E. Rogers

(b) Address 710 Clifford

17. (a) Burial (b) Date thereof Dec. 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand view Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address Nannibal Missouri

19. (a) Dec 30 1939 (b) W. J. Stephens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Nannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1814 Pleasant  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26<sup>th</sup>  
year 1939 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 12-26, 1939;  
that I last saw him alive on 12-26, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute bacterial endocarditis  
& Septicemia  
Due to Streptococcus viridans  
Point of entrance of infection  
Due to unknown

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Vegetation large - mitral valve

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(d) Means of injury \_\_\_\_\_

23. Signature Howard Suduch (M. D. or other) \_\_\_\_\_  
Address Nannibal Mo Date signed 12-29-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-11-39

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.....

*Ray P. Schwartz* ..... , Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Ray P. Schwartz*

Licensed Embalmer No. *1765*

P. O. Address..... *Hannibal, 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.**