

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.

FILED FEB 9 1940

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

4038
Do not use this space.

1. PLACE OF DEATH
 (a) County Sullivan Registration District No. 853
 (b) Township Wenzel Primary Registration District No. 6121
 (c) City Wenzel (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 Watson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>85</u>	<u>11</u>	<u>13</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County, Iowa

FATHER
 13. NAME John Rogers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Anna Watson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Jno. William Rogers, Wenzel, Mo

18. BURIAL, CREMATION, OR REMOVAL Schrock Cem. DATE Jan 5, 40

19. FUNERAL DIRECTOR (ADDRESS) C. A. Schwane, Wenzel, Mo

20. FILED Feb 5, 40 Oleo Hagan, Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1940

22. I HEREBY CERTIFY That I attended deceased from Dec. 14, 1939, to Jan. 3, 1940
 I last saw him alive on Dec. 2, 1939. Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
I believe it was a malignancy of intestinal tract, but I do not have definite proof. Date of onset 1939

Other contributory causes of importance: 46

Name of operation _____ Date of _____
 What test confirmed diagnosis? l 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) J. S. Montgomery, M. D.
 (Address) Wenzel, Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-40-342

Date Filed FEB 8 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Not embalmed
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)