

FILED MAR 16 1940

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

8445  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
(b) Township Center Primary Registration District No. 3039 Registered No. 30  
(c) City Merwada (d) Street No. 720 S. Pine 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 19 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

George Frederick Rogers  
(a) Residence, No. 720 S. Pine 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Rogers  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
73 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Elkhart, Indiana

FATHER 13. NAME Elijah Rogers

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

MOTHER 15. MAIDEN NAME Margaret Kemell

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

17. INFORMANT (ADDRESS) R. E. Rogers  
Merwada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Merwada Cem. DATE Feb 4, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home  
Merwada, Mo.

20. FILED 2-5 1940 Allen W. Hays  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1940, to Feb 1 1940  
I last saw him alive on Feb 1 1940. Death is said to have occurred on the date stated above, at 4:30 P. m.

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

Endocarditis (Chronic) 1939 Date of onset

Other contributory causes of importance: 92.4

Name of operation Physical Exam Date of Mo.  
What test confirmed diagnosis? Physical Exam Was there an autopsy? Mo.

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? Mo.  
If so, specify \_\_\_\_\_

(Signed) J. P. Lee, M. D.  
Merwada, Mo. (Address)

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.

RECEIVED  
District Health Officer No. 7,  
District File Number 3-40-341  
Date Filed 3-4-40

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 Personal  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd R. Winnick  
Licensed Embalmer No. 3857  
P. O. Address Ywade, 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.