

Registration District No. **791**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County S t. Louis, Mo.

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether)

In this community 1 year  
years, months or days

8. (a) PRINT FULL NAME Arlene Rogers **262**

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ Wesley Rogers

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased January 12 1918  
(Month) (Day) (Year)

8. AGE: Years 22 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monett, Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Jim Miller

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Maranda Northcott

15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Rogers

(b) Address 5112 Washington

17. (a) Monett, Ark. (b) Date thereof Apr 16 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett, Ark.

18. (a) Signature of funeral director Edith H. Happer

(b) Address 4700 Washington

19. (a) APR 14 1940 (b) J. F. [Signature]  
(Date received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo

(b) County \_\_\_\_\_

(c) City or town St. Louis Mo. 12  
(If outside city or town limits, write "RURAL")

(d) Street No. 5112 Washington  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 14 day April  
year 1940 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 31, 1940, to April 14, 1940  
that I last saw her alive on April 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis 5 days

Due to Following appendectomy (acute appendicitis)

Due to \_\_\_\_\_

Other conditions MI  
(Include pregnancy within 3 months of death)

Major findings: acute appendicitis

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury \_\_\_\_\_

23. Signature J. K. [Signature] (M. D. or other) \_\_\_\_\_  
Address 4503 Washington Date signed 4/14/40

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

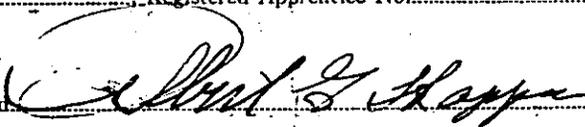
**STATEMENT BY LICENSED EMBALMER**

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. 2971

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.**