

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
American Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. Rogers 262

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Santa Bernardine California
(City, town, or county) (State or foreign country)

10. Usual occupation District Engineer

11. Industry or business Ice Plant

MOTHER FATHER { 12. Name John Anderson Rogers

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

14. Maiden name Emily Jackson

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

16. (a) Informant's own signature Mrs. E. J. Lammons
(b) Address Santa Bernardine, California

17. (a) Removal (b) Date thereof 6-7-40
(Reason, occupation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Bernardino Calif.
Thornhill-Dillon

18. (a) Signature of funeral director _____
(b) Address Joplin, Mo.
19. (a) 6-5-40 (b) Ed. H. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 722 Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1940 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 23-39
to June 2, 1940
that I last saw him alive on June 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary occlusion Nov 23 1939
(Right H)
Due to pulmonary edema
cardiac decompensation
Due to due to coronary occlusion
sustained Nov 23-1939-

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

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
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? _____

3 1/2 (Specify type of place) _____
While at work _____ Means of injury _____

23. Signature Dr. J. H. James (M. D. or other) _____
Address 706-710 S. Main St. Joplin, Mo. Date signed 5-6-40

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.....

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

Signed.....

Licensed Embalmer No. *4108*

P. O. Address *Joplin 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.