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FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28825

State File No. _____

Registration District No. 117 Primary Registration District No. 3021 Registrar's No. 84

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
415 N. Tom Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 Years
years, months or days

3. (a) PRINT FULL NAME Wilson G. Rogers 262
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Rogers 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 22, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business Building

MOTHER FATHER { 12. Name George Rogers
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Willey
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Widow
(b) Address 415 N. Tom Webb City, Mo.

17. (a) Burial (b) Date thereof Aug. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Mo.

19. (a) AUG. 4. 40 (b) J. P. O'Leary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town 415 N. Tom Webb City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 415 N. Tom Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1940 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 1, 1940 to Aug 2, 1940
that I last saw him alive on Aug 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T. B.

Due to _____
Due to J. B.
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
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?
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While at work? _____ (Specify type of place)
(Specify type of place) (Specify means of injury) 3

23. Signature M. D. O'Leary (M. D. or other) 190
Address WEBB CITY, MO. Date signed 8; 4. 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

E. W. Hedge

Registered Apprentice No.

working under my personal supervision.

Signed

E. W. Hedge

Licensed Embalmer No.

2859

P. O. Address

Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.