

DEC 12 1940

State File No.

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community four years  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth L. Rogers

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James A. Rogers 6. (c) Age of husband or wife if alive ✓ years

6. Birth date of deceased March 11th 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Allen Binders ?

13. Birthplace Dont Know ?  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know ?

15. Birthplace Dont Know ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Barrence Rogers

(b) Address Macon Mo.

17. (a) Burial (b) Date thereof 11-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Andrew Cemetery

18. (a) Signature of funeral director Stephen G. Collins  
(b) Address Macon Mo.

19. (a) 12/5/40 (b) Leola Newton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon  
(c) City or town Macon  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1940 hour 2 minutes 30 A.M.

21. I hereby certify that I attended the deceased from Nov 4, 1940 to Nov 6, 1940  
that I last saw F.R. alive on Nov 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 36 hrs.

Due to J.J.H.

Other conditions Arteriosclerosis ?  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 496  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E.S. Hunsinger (M. D. or other) MD  
Address 118 1/2 Vine St Macon Mo. Date signed Dec 3, 1940

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

2-40  
39  
1113

RECEIVED

District Health Officer No. 10

District File Number 12-40-2270

Date Filed DEC-1-1-1940

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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.