

No. 2  
13-40  
17-39  
X23139

FEB 14 1941

Registration District No. 7067

Primary Registration District No. 5385

Registrar's No. 9

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

4  
0  
0

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, Miller  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Minnie Rogers

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jess Rogers

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 22 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Dave Pool

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

14. Maiden name Daves

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

16. (a) Informant Jess Rogers

(b) Address Route 2, Ava, Mo.

17. (a) Burial (b) Date thereof 1-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Basher

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 1-14-1941 (b) Reba King White  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ Route 2g  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1941 hour 2; minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 1 1940 to Jan 41 1941; that I last saw her alive on Dec 30 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis 30 years

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

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

Other conditions Arterio Sclerosis & Hypertension  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

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

23. Signature R. M. Norman (M. D. or other) \_\_\_\_\_

Address Ava Mo Date signed Jan 14/41

*Dr. R. M. Norman*

RECEIVED

District Health Officer No. 6,

District File Number 141-165

Date Filed FEB 1 1941

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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 *W. B. Hutchinson*

Licensed Embalmer No. 3431

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, fact should be so stated above.