

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4789

Registration District No. 911

Primary Registration District No. 62301

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Wright  
 (b) City or town Rabouen Rural Montgomery  
 (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

4 years8. (a) PRINT  
FULL NAMELEONARD LEE ROGERS

8. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex

m5. Color or  
race w6. (a) Single, widowed, married,  
divorced o

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

years

7. Birth date of deceased

Sept 13  
(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

44

hr. min.

9. Birthplace

Rabouen Wright  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Neut Rogers

13. Birthplace

Rabouen mo D  
(City, town, or county) (State or foreign country)

14. Maiden name

Stacy vady

15. Birthplace

Rabouen mo D  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Lee Rogers

(b) Address

Rabouen mo17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof

Jan 14-41  
(Month) (Day) (Year)

(c) Place: burial or cremation

Green Mountain Cem

18. (a) Signature of funeral director

Gene E. Halber

(b) Address

Hartsville mo

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 119(c) City or town Rabouen (Rural) o  
(If outside city or town limits, write "RURAL")

(d) Street No.

7 miles north o  
(If rural, give location)

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

o years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1941 hour 9 minute 25 A.M.21. I hereby certify that I attended the deceased from Jan 11  
1941 to Jan 13, 1941  
that I last saw him alive on Jan 13, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Diphtheria

Duration

Due to

10

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

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?

830

While at work?

(Specify type of place)

Means of injury

23. Signature

Halber mo (M.D. or other)

Address

Hartsville moDate signed Jan 13/41

RECEIVED

District Health Officer No. 6,

District File Number 241-284

Date Filed FEB 12 1941

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

*Gene E. Holden*

Licensed Embalmer No. 3865

P. O. Address Hartsville, Md

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.