

MAR 10 1941 75
Registration District No. 75

Primary Registration District No. 5170B

Registrar's No.

1. PLACE OF DEATH:

(a) County Candler
(b) City or town Rural Anglaise Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Candler
(c) City or town Rural Anglaise Twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24
year 1941 hour 10 minute 2 M.
21. I hereby certify that I attended the deceased from 2-4
1941 to 2-24 1941
that I last saw her alive on 2-23 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of Pneumonia Duration

PHYSICIAN

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
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 G. E. Cartwright (M. D. or other)
Address Stoutland Date signed 2-24-41

3. (a) PRINT FULL NAME

Freda May Rogers

3. (b) If veteran, name war

no

3. (c) Social Security No.

1

4. Sex

Female

5. Color or race

W

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

Single

6. (b) Name of husband or wife

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

7. Birth date of deceased

July 31 1940
(Month) (Day) (Year)

8. AGE:

Years

Months 5

Days 24

If less than one day

hr. min.

9. Birthplace

Candler Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation

none

11. Industry or business

none

MOTHER FATHER {

12. Name

Edward Rogers

13. Birthplace

Candler Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name

Jules West

15. Birthplace

Candler Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant

Mr & Mrs Edward Rogers

(b) Address

Stoutland MO

17. (a)

Hg Paulson (b) Date thereof 2-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

burial

18. (a) Signature of funeral director

none

(b) Address

none

19. (a)

Mar 1-1941
(Date received local registrar)

(b)

Mrs Mac Rod Moore
(Registrar's signature)

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

15
0
0

107

RECEIVED

District Health Officer No. 7,

District File Number 3-41-407

Date Filed 3-5-41

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.....

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.

STIRN

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6509
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 275
(b) Township Anglage Primary Registration District No. 3120B Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Freda May Rogers
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 34

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1941

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Influenza
33W

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK...THIS IS 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 HOW DEATH OCCURRED is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PREScribed BY LAW.

G. E. Carlton (EmD) Stoutland Mo

S-6509