

S. No. 2
4-13-40
5-17-39
I X231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6924

State File No. _____

MAP 11 1049 318
Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 108

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**
 (a) County **Greene**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Burge Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 1/2 days**
 (Specify whether years, months or days) **7 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene 39**
 (c) City or town **Springfield 2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **801 N. Jefferson**
 (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Rogers, Harry N.**
 3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **6**
 year **1941** hour **8** minute **50 A.M.**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Unknown**
 6. (c) Age of husband or wife if alive **Unknown** years
 7. Birth date of deceased **Dec. 29 1878**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-3**, 19**41** to **2-6**, 19**41**
 that I last saw him alive on **Feb 5**, 19**41**;
 and that death occurred on the date and hour stated above.

8. AGE: Years **62** Months **1** Days **7** If less than one day _____ hr. _____ min.

Immediate cause of death **Cardiac Stenosis**
 Duration _____

9. Birthplace **Unknown / Kentucky**
 (City, town, or county) (State or foreign country)

Due to **myocardial failure** **6 wks?**

10. Usual occupation **Apt. House Owner**

Due to **Coronary Sclerosis** **18 mos**

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) **GH**

12. Name **Sam Rogers**

Major findings: Of operations _____

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

Of autopsy _____

14. Maiden name **Nancy Piles**

Underline the cause to which death should be charged statistically.

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

16. (a) Informant **J. P. Rogers**
 (b) Address **801 N. Jefferson**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____

17. (a) **Burial** (b) Date thereof **2/6/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation **Hazelwood Cem.**

(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? _____

18. (a) Signature of funeral director **Dillon, General Name**

While at work? _____ (Specify type of place) (c) Means of injury _____

(b) Address **Springfield, Mo**

Signature **[Signature]** (M. D. or other) **0**

19. (a) **2-6-41** (b) **W. E. Handley, M.D.**
 (Date received local registrar) (Registrar's signature)

Address **Springfield, Mo** Date signed **2-P-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.