

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11485

State File No. _____

APR 15 1941

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1302 Commercial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. 1302 Commercial
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANCIS ALMETA ROGERS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1941 hour 2 minute P. M.

4. Sex FEMALE 5. Color or race COLORED

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

6. (b) Name of husband or wife CHARLES ROGERS

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased FEBRUARY 26 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3rd, 1941, to March 7th, 1941; that I last saw her alive on March 6th, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 0 Days 11 If less than one day hr. _____ min. _____

Immediate cause of death
Myocardial infarction and thrombosis of the lungs

Due to _____

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) III IV

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JEFF POWELL

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

14. Maiden name UNKNOWN

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

Major findings: Of operations None

Of autopsy Permission refused

16. (a) Informant Mrs. Roy Hutchings

(b) Address Newtonia Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 3-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia Missouri

(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? 545

While at work? _____ (Specify type of place)

Means of injury II

18. (a) Signature of funeral director Logan Thompson

(b) Address Neosho Missouri

19. (a) 4-7-41 (b) Orval A. Salter
(Date received local registrar) (Registrar's signature)

23. Signature Melvin M. Cullough (M. D. or other) D.O.

Address SAV BK Bldg. Neosho MO Date signed 9/2/41

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

7
2253

RECEIVED

District Health Officer No. 6,

District File Number 441-609

Date Filed 4-11-41

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.....

Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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.