

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

FILED MAY 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14222

State File No. \_\_\_\_\_

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 19

1. PLACE OF DEATH: Cedar  
 (a) County \_\_\_\_\_  
 (b) City or town El Dorado Springs, Mo.  
 (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 \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cedar 20  
 (c) City or town El Dorado Springs, Mo. R. 4  
 (If outside city or town limits, write "RURAL") \_\_\_\_\_  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

In this community \_\_\_\_\_ years, months or days)  
 3. (a) PRINT FULL NAME ORVILLE G ROGERS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 8  
 year 1941 hour 11 minute 7 M.  
 21. I hereby certify that I attended the deceased from Jan. 17th 1941, to Apr 8 1941;  
 that I last saw him alive on Apr. 6 1941;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mary E Rogers 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased Feb-25-1907  
 (Month) (Day) (Year)

Immediate cause of death  
Acute Bright's disease  
 Due to Cause unknown  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
34 1 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace \_\_\_\_\_ (City, town, or county) Idaho (State or foreign country)

10. Usual occupation Laborer  
 11. Industry or business \_\_\_\_\_  
 12. Name H. J. Rogers  
 13. Birthplace Washington 1 (City, town, or county) (State or foreign country)  
 14. Maiden name Lulu Wilson  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mary E Rogers  
 (b) Address El Dorado Springs, Mo. R. 4  
 17. (a) Burial (b) Date thereof 4-9-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation El Dorado (Country)  
 18. (a) Signature of funeral director Wm. Sides  
 (b) Address El Dorado Springs, Mo  
 19. (a) 4-9-41 (b) W. Dawson  
 (Date received local registrar) (Registrar's signature)

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?  
511  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Ch. Senderworth (M. D. or other) DO.  
 Address El Dorado Spgs. Date signed 4-9-41

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

RECEIVED

District Health Officer No. 74

District File Number 5-41-817

Date Effect 5-8-41

**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, only

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*O. B. Sidens*

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**