

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILLED JUL 14 1941
726

Registration District No. _____

Primary Registration District No. 8-93-8

Registrar's No. 15-

1. PLACE OF DEATH

(a) County Tails, San Antonio
 (b) City or town Harribal, 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 _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Odon Shield Rogers

3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased March 7, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>-</u>	hr. _____ min. _____

9. Birthplace Harribal - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. Y. Rogers

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

14. Maiden name Mary E. Shields

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

16. (a) Informant Mary Rogers

(b) Address #4 Hannibal - Mo

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

(c) Place: burial or cremation Grangerview Burial Park

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal - Mo

19. (a) July 1, 1941 (b) Blanche McGowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Tails 87
 (c) City or town Harribal Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. PEY Harribal
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour _____ minute 10³⁰ PM.

21. I hereby certify that I attended the deceased from December 1940 to June 7, 1941;
 that I last saw him alive on May 22, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of stomach
 Due to _____
 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 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 B. L. Murphy (M. D. or other) _____
Address Hannibal - Mo. Date signed 6-11-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-41-1265

Date Filed JUL 10 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

Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.