

FILED JUL 19 1941

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Cairo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 73 yr. & mo. 21 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Edward Rogers

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Eda Rogers 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October, 16, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 21 If less than one day hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Ned Rogers

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

14. Maiden name Lucy Lea Halliburton

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

16. (a) Informant Mrs. J. E. Rogers

(b) Address Cairo Missouri.

17. (a) Burial (b) Date thereof Mar. 8, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Prairie

18. (a) Signature of funeral director Shaw Funeral Home
(b) Address Moberly Mo.

(c) Address _____

19. (a) Mar 10 (b) J. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Cairo
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1941 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 3 1939 to Mar 6 1941;
that I last saw him alive on Mar 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac

Due to atherosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations X

Of autopsy X

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 0

23. Signature John P. Allen (M. D. or other) _____

Address Cairo Mo Date signed Mar 7

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 17-41-1349

Date Filed JUL 16 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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Mahesh 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, above space should be left blank.