No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 2 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30925

Registration District No. 24 Primary Registration District No. 6033 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Audrain

(b) City or town Rural Prairie Township (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 in Home (Specify whether)

In this community 4 years / (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 004

(a) State Mo (b) County Audrain 0

(c) City or town Rural 0 (If outside city or town limits write "RURAL")

(d) Street No. Near Laddonia Mo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ANNA MARIE ROGERS

3. (b) If veteran, name war

3. (c) Social Security No none

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

6. (b) Name of husband ~~or wife~~ J H Rogers

6. (c) Age of husband or wife if alive 53 years

Birth date of deceased Jan (Month) 28 (Day) 1885 (Year)

8. AGE: Years 56 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Ludington (City, town or county) Mich (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business

FATHER 12. Name Geo Nelson

13. Birthplace Denmark (City, town or county) (State or foreign country) 4

MOTHER 14. Maiden name Not Known

15. Birthplace Denmark (City, town or county) (State or foreign country) 4

16. (a) Informant J H Rogers

(b) Address Laddonia Mo

17. (a) (Burial, cremation, ~~or removal~~) (b) Date thereof Sept 16-1941 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation St Louis Mo

18. (a) Signature of funeral director H G Granger

(b) Address Laddonia Mo

19. (a) 9-15-1941 (Date received local registrar) (b) W K McCall (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 14 year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Mar 1940, 19..., to Sept. 14, 1941 that I last saw her alive on Sept. 14, 1941 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Continous Hemmorhage | 1 wk |
| Due to Adeno-Carcinoma of the Uterus | 18 mo |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) HBP | |

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P B Price (M. D. or other) DO

Address Laddonia, Mo. Date signed 9-15-41

21

(Licensed Embalmer's Statement on Reverse Side)

## 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 H. G. Granger, Registered Apprentice No. ..... working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 12-97

P. O. Address Laddonia, 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.**