

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35657**

FILLED OCT 27 1941
Registration District No. **619**

Primary Registration District No. **5821**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Nodaway**

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

(c) Name of hospital or institution: **1/2 mi. north of**
(If not in hospital or institution, write street number or location)

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

In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway**

(c) City or town **Clearmont Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **1/2 mi. north**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM RUPERT ROGERS**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. _____

4. Sex **M.**

5. Color or race **W.**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

7. Birth date of deceased **Dec. 17, 1881**
(Month) (Day) (Year)

8. AGE: Years **59** Months **5** Days **15**
If less than one day _____ hr. _____ min.

9. Birthplace **Clearmont Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Jefferson Rogers**

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

14. Maiden name **Louise J. Wallace**

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

16. (a) Informant **Kenneth Rogers**

(b) Address **Clearmont Mo.**

17. (a) **Burial** (b) Date thereof **June 2, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clearmont Cemetery**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Marionville Mo.**

19. (a) **9/27-41** (b) **W. B. Humphreys**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**
year **1941** hour **8** minute **40 a.m.**

21. I hereby certify that I attended the deceased from **May 31**, 19**41**, to **June 1**, 19**41**
that I last saw him alive on **June 1**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Syphilis**
Cerebro-spinal phase

Duration **3 1/2 yrs.**
2 wks.

Due to: **Tuber dorsalis** **2 wks.**

Also: **Epileptiform seizures**
first May 31-'41. Second June 1-'41

Other conditions **at time of death:**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **30a**

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 **L. E. Wallace** (M.D. or other) **2**

Address **Burlington Ia.** Date signed **June 2-'41**

(Licensed Embalmer's Statement on Reverse Side)

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

004

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.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.