

No. 2  
1-4-41  
17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37722

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

DEC 13 1941

50

3004

Registrar's No. 74

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County BATES

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

(c) Name of hospital or institution: BUTLER MEMORIAL  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES

(c) City or town BUTLER - RHDH 50  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GLORIA JEANNE ROGERS

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 TH  
year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-16  
1941 to 11-17 1941  
that I last saw her alive on 11-17 1941  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Nov-16-1941  
(Month) (Day) (Year)

Immediate cause of death Coronary heart

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

0 0 0 12 hr. \_\_\_\_\_ min.

9. Birthplace BUTLER MO  
(City, town, or county) (State or foreign country)

Other conditions 1678  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name KENNETH ROGERS

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

14. Maiden name BERTHA SUTTON

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

16. (a) Informant Kenneth Rogers

(b) Address Butler MO Rt 5

17. (a) Burial (b) Date thereof Nov-18-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem - Butler

18. (a) Signature of funeral director Boyd Hamblin

(b) Address Butler MO

19. (a) Nov 18 1941 (b) Nina L Culver  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Adelmo Sidi (M. D. or other) MD  
Address Butler MO Date signed 11/18/41

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

RECEIVED  
District Health Officer No. 7,  
District File Number 12-41-2033  
Date Filed 12-11-41

---

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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John L. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Bethesda Md

**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.**