No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 15 1941

Registration District No. 316

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38356

State File No.

Primary Registration District No. 2001

Registrar's No. 916

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

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wright

(c) City or town: Mt. Grove (If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: Elizabeth Jean Rogers

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

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: wht

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: Feb (Month) 24 (Day) 1928 (Year)

8. AGE: Years 13 Months 8 Days 28 If less than one day hr. min.

9. Birthplace: Mountain Grove Mo (City, town, or county) (State or foreign country)

10. Usual occupation: In School

11. Industry or business:

FATHER 12. Name: Joseph Murray Rogers

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

MOTHER 14. Maiden name: Ruth Parker

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

16. (a) Informant: Mrs J M. Rogers

(b) Address: Mountain Grove Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Grove, Mo.

18. (a) Signature of funeral director: Joseph Funeral Home

(b) Address: Mt. Grove, Mo

19. (a) 11-22-41 (Date received by local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1941 hour about 4 30 pm minute M.

21. I hereby certify that I attended the deceased from 11/19/41, 19, to 11/22, 1941; that I last saw h. ex alive on 11/22/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Incarcerated & Strangulated diaphragmatic hernia (Stomach herniated) — Duration 4½ days

Due to: Congenital Hernia

Other conditions (Include pregnancy within 3 months of death): Chemical Peritonitis

Major findings:

Of operations:

Of autopsy: The above.

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)

(e) While at work: (e) Means of injury

23. Signature: Harry E. Calloway (M. D. or other)

Address: Springfield, Mo Date signed 11/24/41

984

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1948

NOV 6 1948

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 Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield

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.