

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39628

State File No.

FILED DEC 10 1941

Registration District No. 212

Primary Registration District No. 4495

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Morley
(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 1
(Specify whether)

In this community 28 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo. (b) County Scott 0

(c) City or town Morley
(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.? 0 years.

3. (a) PRINT FULL NAME John Balth Rogers

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1941 hour 8 minute 0 M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Martha Boynhill Rogers

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Aug. 2 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/27, 1941 to 11/29, 1941;
that I last saw him alive on 11/26, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>27</u> hr. min.

Immediate cause of death Endocarditis

Due to 928

Due to

Other conditions Vascular Hypertension
(Include pregnancy within 5 months of death)

9. Birthplace Hickman Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Major findings:
Of operations

Of autopsy

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

MOTHER FATHER

12. Name John Dobson Rogers

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

14. Maiden name Griffin

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

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

While at work? ✓

16. (a) Informant Wesley Rogers

(b) Address Mathews Mo.

17. (a) Buriah (b) Date thereof 11-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley Mo.

18. (a) Signature of funeral director Bryslinghoff & Hobbs

(b) Address Chaffee Mo.

19. (a) Nov 30-41 (b) Miss S. D. ...
(Date received local registrar) (Registrar's signature)

23. Signature J. A. Clene (M. D. or other) ✓

Address Coran Mo. Date signed 11/29/41

868 (Licensed Embalmer's Statement on Reverse Side)

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

000

RECEIVED

District Health Office No. 2,

District File Number 1241-1640

Date Filed 12/8/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.