

FILED FEB 11 1942

Registration District No. 448449

Primary Registration District No. 5609

Registrar's No.

1. PLACE OF DEATH:

(a) County. LACLEDE
(b) City or town. RURAL LEBANON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LEBANON R. 3.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
22 YRS. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. LACLEDE 53
(c) City or town. RURAL R. 3. LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. R. 3.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY EMALINE ROGERS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 31
year 1942 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from NOV. 15
1941 to Dec. 16 1941;
that I last saw her alive on Dec. 16 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 WIDOW
6. (b) Name of husband or wife JOHN ROGERS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 12 1854
(Month) (Day) (Year)

Immediate cause of death _____
Parotid Glanditis (H-D)

8. AGE: Years 87 Months 7 Days 19
If less than one day _____ hr. _____ min.

Due to Family
Due to _____

9. Birthplace NASHVILLE 1 TENN
(City, town, or county) (State or foreign country)

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

10. Usual occupation HOUSE WIFE

Major findings:
Of operations _____

11. Industry or business _____

Of autopsy _____

MOTHER FATHER { 12. Name WM GREGORY
13. Birthplace 1 TENN
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.
97

14. Maiden name NOT KNOWN
15. Birthplace 9
(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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Chris Rogers
(b) Address LEBANON MO
17. (a) buried (b) Date thereof 2-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director PALMERS
(b) Address LEBANON MO
19. (a) 1-31-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]
Address Lebanon Mo Date signed 1/31/42

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

RECEIVED

District Health Officer No. _____

District File Number 2-42-51

Date Filed February 7, 1942

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 _____

Allyn Dethroge

Registered Apprentice No. 294

working under my personal supervision.

Signed *P. O. Bahner*

Licensed Embalmer No. 1161

P. O. Address LEBANON

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.