

FILED FEB 13 1942  
Registration District No. ....

Primary Registration District No. 4653

Registrar's No. ....

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

52

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days)

In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott / Mo

(c) City or town Sikeston  
(If outside city or town limits, write "RURAL")

(d) Street No. South New Madrid St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sinclair Rogers

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-18-6452

4. Sex M 2. Color or race C

5. Color or race C

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 5 years (Month) (Day) (Year)

7. Birth date of deceased 6 5 1900  
(Month) (Day) (Year)

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

41 7 12 ..hr. ....min.

9. Birthplace Centerville Miss. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Sikeston Cotton Oil Mill

12. Name Henry Rogers

13. Birthplace Centerville Miss. /  
(City, town, or county) (State or foreign country)

14. Maiden name Janie Brown

15. Birthplace Centerville Miss. /  
(City, town, or county) (State or foreign country)

16. (a) Informant W.R. Evans

(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof 1/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director Hunter Albritton

(b) Address Sikeston Mo.

19. (a) 2-2-42 (b) H.O. Thurston  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18  
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 1 1942  
to January 16 1942  
that I last saw him alive on January 15 1942  
and that death occurred on the date and hour stated above

Immediate cause of death Heart Condition Duration

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

9502

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 J.F. Miller (M. D. or other).....

Address Repsent Mo Date signed 2-2-42

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

RECEIVED

District Health Office No. 2,

District File Number 2-42-160

Date Filed 2-10-42

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hunter A. Britton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.