

FILED MAR 9 1942 75
Registration District No. **2**

Primary Registration District No. **6160**

Registrar's No. **62**

1. PLACE OF DEATH:

(a) County Vernon (Center)
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada, Mo / R.F.D. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 42 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nevada, Mo, R.F.D. # 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21,
year 1942 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from
Feb 2 1942 to Feb 21 1942
that I last saw her alive on Feb 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Suppurated parotitis (left) Duration 17 days
Due to post-influenzal (hot mumps)
Due to _____

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: myocardial degeneration
Of operations: _____
Of autopsy: 115 d 2
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? _____

23. Signature: J. W. Frame (M. D. or other) JMO
Address: Nevada Mo Date signed: 2/24/42

3. (a) PRINT FULL NAME Amanda Wiley Rogers

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race w 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Rogers 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased: May 16, 1965
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Harnard Co, Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Salus Wiley

13. Birthplace Harnard Co, Ky
(City, town, or county) (State or foreign country)

14. Maiden name Sadonia Frances Johnson

15. Birthplace Harnard Co, Ky
(City, town, or county) (State or foreign country)

16. (a) Informant John W Rodgers

(b) Address Nevada Mo R.F.D. #1

17. (a) Burial (b) Date thereof 2/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director: Ferry Funeral Home
(b) Address Nevada, Mo

19. (a) 2-26-1942 (b) Allen V. Bays
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 3-42-194

Date Filed 3-5-42

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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd B. Winters

Licensed Embalmer No.

3857

P. O. Address

Nevada, 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.