

FILED APR 20 1942

Registration District No. 47

Primary Registration District No. 40-2-75870

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH: Bates

(a) County Bates

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

(c) Name of hospital or institution: Near Creek
(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 32 years
years, months or days

3. (a) PRINT FULL NAME Lewis Desney Rogers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Dora Belle Rogers

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 26th 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 5 If less than one day
hr. min.

9. Birthplace Mercer County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Daniel S. Rogers

13. Birthplace Dont Know Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rachel D. York

15. Birthplace Dont Know Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address Mrs. Dora Rogers, Adrian Mo.

17. (a) Burial (b) Date thereof 4-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryant Hill

18. (a) Signature of funeral director breath & life

(b) Address Adrian Mo

19. (a) April 2-42 (b) Ethel C. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates ⁰⁰⁷

(c) City or town Near Adrian Rural ⁰
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1942 hour 10 minute # A.M.

21. I hereby certify that I attended the deceased from Jan 7
1942, to March April 1, 1942
that I last saw him alive on March 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrum of Suddenness

Duration 8 mo.

Due to Cerebrum of Suddenness

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H6C

Of autopsy _____

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?

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

23. Signature D. J. Colson (M. D. or other) Do

Address Adrian Mo Date signed 4/4/42

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

107
0
0

APR 20 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.....

Fred V. Creath

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

..... working under my personal supervision.

Signed:

Fred V. Creath

Licensed Embalmer No.....

3343

P. O. Address.....

Adrian, 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.