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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

Registration District No. 731

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4436

State File No. 11754

Registrar's No. 19

88

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Clifton Hill, Mo.
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill R. R.
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James Leonard Rodgers
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Zettie Rodgers
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 17 (Day) 1873 (Year)

8. AGE: Years 68 Months 10 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Randolph County (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

MOTHER FATHER
12. Name Julius Rodgers
13. Birthplace Virginia (City, town, or county) / (State or foreign country)
14. Maiden name Catherine Rucker
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Zettie Rodgers
(b) Address Clifton Hill, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill Mo
18. (a) Signature of funeral director Tom B Pelton
(b) Address Huntsville Mo
19. (a) 3/3/42 (Date received local registrar) (b) Mrs. P. V. Dwyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 year 1942 hour 1 minute 38 A. M.
21. I hereby certify that I attended the deceased from ..... 1941, to March 1942 that I last saw him alive on March 1 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Regurgitation	1 year
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 92b	
Major findings: Of operations:	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. L. Alexander (M. D. or other)
Address Clifton Hill Mo Date signed 3-28-42

1021 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-42-683
Date Filed APR - 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.