

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24086

Registration District No. 184

Primary Registration District No. 4110

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark

(c) Name of hospital or institution none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none

In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Ozark

(d) Street No. none

(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME John C. Rogers

3. (b) If veteran name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1940 to July 24 1942 that I last saw him alive on July 24-1942 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Eva Rogers

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug 7 1853

Immediate cause of death: Cancer of Right side of Neck

Duration

8. AGE: Years 88 Months 11 Days 16

9. Birthplace Christian Missouri

10. Usual occupation Banker

11. Industry or business

12. Name Dora Rogers

13. Birthplace Kentucky

14. Maiden name Sarah W. Waltham

15. Birthplace Kentucky

16. (a) Informant Mrs. Eva Rogers

(b) Address Ozark Mo.

17. (a) Burial, cremation or removal

(b) Date thereof July 27-42

(c) Place: burial or cremation Hazardwood

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) Aug 4 1942 (Date received local registrar)

(b) Mrs. Nelson Stone (Registrar's signature)

Due to

Due to

Other conditions

Major findings: 552

Of operations

Of autopsy

PHYSICIAN

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(c) Means of injury

23. Signature J. H. Wade (M. D. or other)

Address Ozark Mo. Date signed 8-4-42

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

MOTHER FATHER

1279

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 842-1220

Date Filed AUG 12 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 T. B. Chaffin
Licensed Embalmer No. 2192
P. O. Address Ozark 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.