S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

Registration District No. 198

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3011

State File No. 24115

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 3 days (Specify whether
In this community 5 mos. 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County ? 11

(c) City or town Carmi 0
(If outside city or town limits, write "RURAL")

(d) Street No. 804 North 6th St.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Arthur L. Rodgers

3. (b) If veteran, name war World War

3. (c) Social Security No. Yes, not remembered

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Rodgers

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased November 10, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	8	12	hr. min.

9. Birthplace - (City, town, or county) Arkansas / (State or foreign country)

10. Usual occupation Oil Field Worker

11. Industry or business " "

FATHER
12. Name James M. Rodgers
13. Birthplace - (City, town, or county) Tennessee / (State or foreign country)

MOTHER
14. Maiden name Laura Smith
15. Birthplace - (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Seminole, Oklahoma

18. (a) Signature of funeral director Claude Prichard
CLAUDE PRICHARD, Undertaker
(b) Address Excelsior Springs, Mo.

19. (a) 7-22-42 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
Year 1942 hour 7:58 minute A. M.

21. I hereby certify that I attended the deceased from March 19, 1942 to July 22, 1942
that I last saw him alive on July 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic active, far advanced	unknown
Due to	
Due to	
Other conditions Tuberculosis of larynx (Include pregnancy within 3 months of death)	1 mo.

13 b

Major findings:
Of operations
Of autopsy No 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 Forrest G. Bell (M. D. or other)
Address FORREST G. BELL, M. D. Veterans Administration Excelsior Springs, Mo. Date signed 7-22-42

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number .....

Date Filed 8-7-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.