

FILED AUG 14 1942

Registration District No. 102

Primary Registration District No. 5416

Registrar's No. 4174

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural Buffalo
(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
In this community Life years, months or days)

3. (a) PRINT FULL NAME

Patsy Lume Rogers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

May 18 1942
(Month) (Day) (Year)

8. AGE:

Years Months Days 8 hr. min.

9. Birthplace

Dunklin MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Albert Harris Rogers
13. Birthplace Cardwell MO
(City, town, or county) (State or foreign country)
14. Maiden name Mary Evelyn Greenwood
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant

Albert Harris Rogers

(b) Address

Cardwell MO

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

May 27 1942
(Month) (Day) (Year)

(c) Place: burial or cremation

Cardwell

18. (a) Signature of funeral director

(b) Address

19. (a) 8/8-42

(Date received local registrar)

M. G. Moore

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
(c) City or town Rural Buffalo 33
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1942 hour 11 minute 35 M.

21. I hereby certify that I attended the deceased from Birth
May 18 1942 to May 26 1942
that I last saw her alive on May 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Patent foramen Ovale Life

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1592

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?

While at work? (Specify type of place)
(e) Means of injury E
23. Signature M. C. Glasgow (M. D. or other) MO
Address Cardwell MO Date signed 5-27-42

RECEIVED

District Health Office No. 2,

District File Number 842-1064

Date Filed 8-12-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.