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S. No. 2
M-5-42
5-17-39
X32873

FILED AUG 14 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25045

State File No.

Registration District No. 688

Primary Registration District No. 23033033

Registrar's No.

82
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Linsiana
(c) Name of hospital or institution: Pike Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
In this community 1/2 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Linsiana
(If outside city or town limits, write "RURAL")
(d) Street No. 817 N Carolina
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNIE Belle Rogers
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27th
year 1942 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 26 1942, to July 27 1942
that I last saw her alive on July 27, 1942, 19...;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced. 2
6. (b) Name of husband or wife Dan Rogers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 19 1865
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis
Duration Five Minutes
Several Years

8. AGE: Years 76 Months 8 Days 8
If less than one day hr. min.
9. Birthplace Martinsburg Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 94a
Major findings: Of operations
Of autopsy

10. Usual occupation Homemaker
11. Industry or business
12. Name Joseph Muster
13. Birthplace Blaine Knox
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
14. Maiden name Ann Murreweather
15. Birthplace Montgomery
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Virginia Phillips
(b) Address Linsiana Mo
17. (a) Burial (b) Date thereof 7/29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverside
18. (a) Signature of funeral director Jettam
(b) Address Linsiana Mo
19. (a) 7-28-42 (b) Jettam
(Date received local registrar) (Registrar's signature)

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) Means of injury
23. Signature Charles Jeweller (M. D. or)
Address Linsiana Mo Date signed 7-28-42

RECEIVED

District Health Officer No. 10

District File Number 8-42-1529

Date Filed AUG 11, 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.....

.....
working under my personal supervision.

George O. Hagnel

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

Signed.....

George O. Hagnel

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.