No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29684

Primary Registration District No. 4018

Registrar's No.

1. PLACE OF DEATH:

(a) County: Audrain
(b) City or town: Rush Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No /
(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: 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain
(c) City or town: Rush Hill
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Sudie P. Rogers

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: F /

5. Color or race: W

6. (a) Single, widowed, married, divorced: M /

6. (b) Name of husband or wife: Wm. P. Rogers

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: May 21, 1883 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	19	hr. min.

9. Birthplace: Monroe County, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Ed. Jones
13. Birthplace: (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Sarah Jones
15. Birthplace: (City, town, or county) 9 (State or foreign country)

16. (a) Informant: W. P. Rogers
(b) Address: Rush Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Laddonia, Mo.

18. (a) Signature of funeral director: Elw. Arnold
(b) Address: Mexico, Mo.

19. (a) Sept 10th 42 (Date received local registrar) (b) Mary C. Jacobs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 9
year: 1942 hour: 6 minute: 20 P. M.

21. I hereby certify that I attended the deceased from Feb 1942, 19..., to Sept 9, 1942, that I last saw him alive on Sept 2, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis	8 m
Due to: 92	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	1 year

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 K McCall (M. D. or coroner)
Address: Laddonia Mo Date signed: 9-10-42

1097

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1942

RECEIVED,
District Health Officer No. 10
District File Number 9-42-1773
Date Filed SEP 2 9 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 Chas Arnold Jr

Licensed Embalmer No. 3569

P.O. Address Mexico 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.