

FILED NOV 11 1942

Registration District No.

Primary Registration District No. 3000

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Keokville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 Sun Smith
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital, or institution 11 days
Specify whether

In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Adair's

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

(d) Street No. 1007 E. Washington
(If rural, give location)

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

If yes, name country. 0

3. (a) PRINT FULL NAME Pius JOHN ROGERSON

MEDICAL CERTIFICATION

3. (b) If veteran, name war: ---

3. (c) Social Security No. ---

20. DATE OF DEATH: Month October day 3rd
year 1942 hour 4 minute 00 A.M.

4. Sex Male 5. Color or race White

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

21. I hereby certify that I attended the deceased from September 21, 1942 to Oct 2, 1942
that I last saw him alive on Oct 1st, 1942
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Orella

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: June 9 1998
(Month) (Day) (Year)

Immediate cause of death Septicemia

Duration 4 days

8. AGE: Years 43 Months 3 Days 22
If less than one day hr. min.

Due to Peritonitis 10da

Due to Appendicitis 12da

9. Birthplace Adair Co Mo
(City, town, or county) (State or foreign country)

Other conditions 12/11
(Include pregnancy within 3 months of death)

10. Usual occupation Policeman

PHYSICIAN ---

Major findings: Of operations Ruptured appendix with gangrenous mesentery
Of autopsy ---

Underline the cause to which death should be charged statistically.

11. Industry or business ---

12. Name Tom Rogerson

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Barker

15. Birthplace Adair Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Orella Rogerson

(b) Address Keokville Mo

17. (a) Rural (b) Date thereof 10/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Summers & Powell

(b) Address Keokville

19. (a) 10/7/42 (b) Mrs. J. Wagner
(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)

(e) Means of injury

23. Signature George E. Ginn (M. D. or other) MD

Address Keokville, Mo Date signed 10-3-42

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

MOTHER FATHER

660-

1047

RECEIVED

District Health Officer No. 10

District File Number 11-42-2028

Date Filed NOV - 9 1947

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Richsville

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.