

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3735

Registrar's No. 15

FILED JAN 27 1943

Registration District No. 21

Primary Registration District No. 4516

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

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Rural - Big Creek Sup.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Taney
(c) City or town Rural - Big Creek Sup.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Afton Rogers Jr

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 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 (Month) (Day) (Year)

7. Birth date of deceased Dec. 24 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day hr. _____ min. _____

9. Birthplace FORSYTH MO.
(City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Afton Rogers
13. Birthplace Boone Co. ARK.
(City, town or county) (State or foreign country)
14. Maiden name MERRIDAY Fay Ewing
15. Birthplace Boone Co. ARK.
(City, town or county) (State or foreign country)

16. (a) Informant MRS. JOHN A. ROGERS
(b) Address PROTEM, MO.

17. (a) Burial (b) Date thereof DEC. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PROTEM MO.

18. (a) Signature of funeral director NONE

(b) Address _____

19. (a) Dec. 26-42 (b) Jeannette Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 24
year 1942 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on Dec. 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous detachment of heart cord.

Due to Water suffocation from down stairs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1600
Of autopsy _____

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 Dr. J. J. [unclear] (M. D. or other) _____
Address Forsyth, Mo. Date signed Dec 29-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 143-117

Date Filed JAN 25 1943

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.