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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31407

Registration District No. 59 | Primary Registration District No. 5234 | Registrar's No. 167

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural West Peculiar
(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 30 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19

(c) City or town Riral West Peculiar Twp.
(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 Hattie May Rogers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife John B. Rogers

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 26 81
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Carroll Co (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Loranzo Clark
13. Birthplace Ohio. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Claranda Vanard
15. Birthplace Ill. / (City, town, or county) (State or foreign country)

16. (a) Informant John B. Rogers
(b) Address Peculiar Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 9/21/43 (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar Mo

18. (a) Signature of funeral director A. W. Brownfielf
(b) Address Pleasant Hill Mo.

19. (a) Sept. 23, 1943 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1943 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from September 9, 1943, to September 18, 1943
that I last saw her alive on September 18, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Third Degree Burns left arm, torso face, right forearm.	9 days
Due to	
Due to	
Other conditions Sapremia - (Include pregnancy within 3 months of death)	

Major findings:
Of operations 181-1
Of autopsy 99

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

22. If death was due to external causes, fill in the following: V
(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 V

23. Signature Martin V Robbins (M. D. or other) M.D.
Address Peculiar, Mo Date signed 9/21/43

1047 (Licensed Embalmer's Statement on Reverse Side)

FEB 20 1947

OCT 18 1948

SEP 13 1953

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 By me Sept. 19. 1943, Registered Apprentice No. ....., working under my personal supervision.

Signed By W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill. 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.