

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37250
Registrar's No. 1199

FILED DEC 7 1944
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4810 King Hill Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Six months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 4810 King Hill Ave. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George D. Rogers

3. (b) If veteran, name war none 3. (c) Social Security No. 496-05-9363

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 21, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 18 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Armour & Co.

MOTHER FATHER

12. Name William Rogers

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

14. Maiden name Hattie E. (Unknown)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant DeEtta Tolle

(b) Address 4810 King Hill Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Mo.

18. (a) Signature of funeral director Clark Mustang

(b) Address 5025 King Hill Ave, St. Joseph, Mo.

19. (a) 11-11-44 (Date received local registrar) (b) Helen J. Piche (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1944 hour 12 minute 30 a M.

21. I hereby certify that I attended the deceased from November 6 1944 to November 8, 1944
that I last saw him alive on November 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cystitis and stricture of the Urethra. Duration Unknown

Due to Do not know.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Fenton Woodson (M. D. or other)

Address 109 West Missouri Ave Date signed 11-9

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, Oct. 11/9/44

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Earl R. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.