S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

Registration District No. 201

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6602

Primary Registration District No. 5155

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Vienna, Rural - Jackson Twp
(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 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Washington-Curtin-Rodgers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Daisy M. Rodgers

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 10 (Day) 1863 (Year)

8. AGE: Years 81 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Allegheny Township (City, town, or county) Pa. (State or foreign country)

10. Usual occupation R. F. D. Carrier (Retired)

11. Industry or business

FATHER 12. Name James Rodgers

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

MOTHER 14. Maiden name Margaret McCoy

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

16. (a) Informant Harvey G. Rodgers

(b) Address 532 So. Lorraine Wichita 9, Ks.

17. (a) [redacted] (Burial, cremation, or removal) (b) Date thereof Jan. 2 1945 (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. C. Birmingham

(b) Address Vienna, Mo.

19. (a) 1/10/45 (Date received local registrar) (b) Erma Barnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1944 hour 2:00 am minute M.

21. I hereby certify that I attended the deceased from December 28, 1944 to December 29, 1944 that I last saw him alive on December 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work (c) Means of injury

23. Signature S. C. Howard (M. D. or other) D.O.

Address Vienna, Missouri Date signed 1/5/45

1096 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-8-45

MAR 10 1945

JAN 4 1950

MAR 12 1945

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 Thos Cunningham

Licensed Embalmer No. 3664

P. O. Address Vienna Me

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.