S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 254

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5865

State File No. 14164

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Couch Jobe Twsp.
(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 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Couch (Rural)
(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 Mary Ruth Rogers

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

3. (c) Social Security No. 464-32-9255

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 8 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	1	8	hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic and War work

11. Industry or business

FATHER
12. Name Billie Rogers
13. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ella McGhee
15. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Billie Rogers
(b) Address Couch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Cotton Creek

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 4-10-45 (Date received local registrar) (b) Fae D. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1945 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 1, 1945, to March 16, 1945
that I last saw her alive on March 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bright Disease	4 years
Toxic Thyroid	
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? (e) Means of injury

23. Signature C. W. Cooper M.D. (M. D. or other)
Address Thayer Mo. Date signed 4-6-45

111 2

(Licensed Embalmer's Statement on Reverse Side)

Cooper

RECEIVED
District Health Officer No. 5,
District File Number 5 45 239
Date Filed 5-10-45

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.