

No. 2  
8-43  
17-39  
X37823

FILED FEB 15 1946

Registration District No. 133 Primary Registration District No. 5483

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

1. PLACE OF DEATH: 7 Harrison  
 (a) County Harrison  
 (b) City or town Rural Bethany Mo  
 (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 all of life years, months or days

3. (a) PRINT FULL NAME WILLIAM 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 Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: July 6 1866  
 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Harrison County Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 12. Name Simon Rodgers  
 13. Birthplace Ky. (City, town, or county) (State or foreign country)  
 14. Maiden name Malinda Prather  
 15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Milton Rodgers  
 (b) Address Bethany Mo  
 17. (a) Rural (b) Date thereof Jan 24 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or exhumation Harrison County  
 18. (a) Signature of funeral director Joe E. Wheeler  
 (b) Address Bethany Mo  
 19. (a) Jan 25-46 (b) Zola Burres  
 (Type received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Harrison  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Bethany Imp. (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22  
 year 1946 hour 6 minute 15P M.  
 21. I hereby certify that I attended the deceased from Jan 21  
 19 46 Jan 22 19 46  
 that I last saw him alive on Jan 21 19 46  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Bronchopneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 107

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) (e) Means of injury \_\_\_\_\_  
 23. Signature Ralph A. Walker (M. D. or other) JD  
 Address Bethany - Mo Date signed 1/27/46

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....

*Joe E. Wheeler*  
Licensed Embalmer No. *3572*

P. O. Address.....

*Bethany 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.**