

FILED FEB 15 1946

Registration District No. 184

Primary Registration District No. 303 F

State File No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(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 41 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 703 Snow 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Gallatin Rogers

3. (b) If veteran, name war _____ 3. (c) Social Security No. 707-07-3883

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Rogers 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov 17 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired P.R. Dispatcher

11. Industry or business _____

12. Name Dr. A. H. Rogers, Jr. 1
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Jones
15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss A. H. Rogers
(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Jan 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ross Hill Cemetery

18. (a) Signature of funeral director James Baudens
(b) Address Brookfield Mo

19. (a) 1-4-46 (b) Enoch Kelley, Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1945 hour 11 minute 35 M.

21. I hereby certify that I attended the deceased from 9 P.M.
7 1944 to Dec 31 1945;
that I last saw him alive on Dec. 31 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Due to Coronary Occlusion 1.8 hrs

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations g4w
Of autopsy _____
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 Robert H. Haley (M. D. or other) MD
Brookfield Mo Date signed 1/1/46

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

100000

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Walter Bowden

Licensed Embalmer No.

3295

P. O. Address.....

Brookfield 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.