

FILED MAY 14 1946
Registration District No. 2

Primary Registration District No. 4208

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Cainsville
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town Cainsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Herbert Telmish Rogers

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

7. Birth date of deceased November 29 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Daviess County Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name T. Garrett Rogers

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Chambers

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Booth

(b) Address Cainsville, Mo.

17. (a) Burial (b) Date thereof April 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director E. J. Stoklasa

(b) Address Cainsville, Missouri

19. (a) May 4-46 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 15
1944 to April 12 1946
that I last saw him alive on April 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis Duration _____

Due to Arteriosclerosis

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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address Cainsville, Missouri Date signed 4/13/46

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

11837

41

117

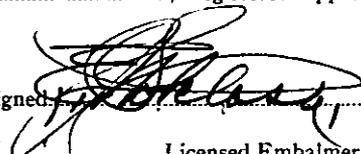
**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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, by.....

Eddie J. Stoklasa....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3602.....

P. O. Address Cainsville, Missouri.....

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.