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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43791

Registration District No. 243

Primary Registration District No. 4364

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella
(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 day (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Wilmuth Rogers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased June 20 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	4	23	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Rogers 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Rogers 1

(b) Address Wayne, Rogers

17. (a) Burial (b) Date thereof 11-16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Culver Funeral

(b) Address Cassville, Mo.

19. (a) 4-10-47 (b) alpha Oyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Wayne 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 1946 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-15 1946
to 11-17 1946
that I last saw h. er alive on 11-17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hrema. Duration 2 days

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 132
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)
(c) Means of injury _____

23. Signature Stella (M. D. or other) _____
Address Stella Mo. Date signed _____

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

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..... *Margaret Culver*

Licensed Embalmer No..... *4389*

P. O. Address..... *Cassville,*

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.

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Registration District No. 243 Primary Registration District No. 4264

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(a) County Newton
(b) City or town Stella
(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 _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME

Wilvaugh Roger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____ month _____ day

7. Birth date of deceased _____

June 20
(Month) (Day) (Year)

8. AGE:

Years 81

Months 4

Days 23

(If less than one day) _____ hr. _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) (Burial, cremation, or removal) _____

(b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-10-1947
(Date received local registrar)

(b) Alpha Dyer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 Hour _____ minute _____ M. 3

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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? _____

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

23- Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

S-43791

4-10-1941