S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1947

Registration District No. 86

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5329 86

State File No. 634

1-1947-

Registrar's No. ~~5329~~

1. PLACE OF DEATH:

(a) County CRAWFORD

(b) City or town RURAL OAKHILL TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CUBA ROUTE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 9 MILES NORTHWEST OF CUBA
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME EMMA ALICE RODGERS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN ROGERS

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased MARCH 26 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM DELONG
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name THOMPSON
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant JOHN ROGERS
(b) Address CUBA MO ROUTE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 12 1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM. OAKHILL MO.

18. (a) Signature of funeral director Milford H.H. Winter
(b) Address OWENSVILLE MO.

19. (a) 1-12-47 (Date received local registrar) (b) Paul A. Franklin (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 10
year 1947 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug. 18, 1946 to Jan 9, 1947
that I last saw her alive on Jan 9th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	10 yrs
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 1

23. Signature J. S. De Leo (M. D. or other) DC
Address Cuba Mo. Date signed 1-10-47

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford H. N. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Md.

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.