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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4154**

FILED MAR 14 1947

Registration District No. **77**

Primary Registration District No. **5148**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Cowgill - rural Lincoln
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Kingston Rural
(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 _____

3. (a) PRINT FULL NAME Alice Rogers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife George Rogers

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

7. Birth date of deceased January 5 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>I</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Melvin Riggs

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

14. Maiden name Mary Jane Sters

15. Birthplace Coving Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant George Rodgers

(b) Address Kingston, Missouri

17. (a) Burial (b) Date thereof 3-3-47
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Braymer, Missouri

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri

19. (a) 3-7-47 (b) Mrs. Nell B. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 28 day _____ year 1947 hour 9:30 minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 1944 to Feb 28 1947 that I last saw her alive on Feb 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Culmonary Emphysema *Duration* hours

Due to Influenza *Due to* 1 wks

Due to _____

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

Major findings: 333B

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 Geo. S. Dowell (M. D. or _____)
Address Braymer, Mo. Date signed 3-3-47

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

373

(Licensed Embalmer's Statement on Reverse Side)

34
12
31
7 4

**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..... *Cramer Clark*.....
Licensed Embalmer No. *3257*.....
P. O. Address. *Kingston, 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.