

FILED FEB 17 1947

Registration District No. 167

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Otto Rogers

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leona Rogers 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 21 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 5 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business Own farm

MOTHER FATHER

12. Name James Rogers

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

14. Maiden name Mary House

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

16. (a) Informant Mrs Otto Rogers
(b) Address Braymer, Mo

17. (a) Burial (b) Date thereof 1-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem.

18. (a) Signature of funeral director Bernard T. Mead
(b) Address Braymer, Mo
19. (a) 1-28-47 (b) Frances B. Neese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Braymer (Rural Grape Grove)
(If outside city or town limits, write "RURAL")
(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 Jan, day 26, year 1947 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 24 1947, to Jan 26 1947, (that I last saw him alive on Jan 25 1947 and that death occurred on the date and hour stated above.)

Immediate cause of death Petrigentoneal hemorrhage
of abd. & rupture of claudes

Due to 1. motor upsetting on deceased

Other conditions Graves disease
(Include pregnancy within 3 months of death)

Major findings: Of operations 8
Of autopsy 11

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) accident
(b) Date of occurrence Jan 26, 1947
(c) Where did injury occur rural Ray Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Sum
(Specify type of place)
While at work? yes (e) Means of injury 1. motor

23. Signature Don Powell (M. D. or other)
Address Chillicothe Mo. Date signed 1/28/47

**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 *Bernard F. Mead*.....

Licensed Embalmer No. *2801*.....

P. O. Address *Drayner, 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.