

FILED MAY 6 1947

Registration District No. 288

Primary Registration District No. 5906

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Little River
(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 3 weeks. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 mi. N.W. of Wardell, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert B. Rogers
(b) If veteran, name war ✓
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 11
year 1947 hour 10 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helmi Rogers
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Oct 12 1900
(Month) (Day) (Year)

Immediate cause of death Unknown as this man died in bed without medical attention Duration _____
Due to Probably heart attack as history given by family
Due to _____

8. AGE: Years Months Days If less than one day
46 3 27 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

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 Mrs. Helmi Rogers

(b) Address Wardell, Mo.

17. (c) Removed Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dylka mch

18. (a) Signature of funeral director La Forge Ind. Co.

(b) Address Caruthersville, Mo.

19. (a) Wardell (b) Mrs. H. Hullett
(Date received local registrar) (Registrar's signature) 200

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

Major findings: 95
Of operations _____

Of autopsy _____

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 3

23. Signature Just Kelly, Coroner (M.D. or other) _____

Address Wardell, Mo. Date signed 2-12-47

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

5-47-135-

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.....

Francis Wyland Jr......, Registered Apprentice No. *444*
working under my personal supervision.

Signed *Nail C. Dean*.....

Licensed Embalmer No. *3941*.....

P. O. Address *Caruthville, 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.