

U.S. No. 2
M-12-45
Rev. 5-17-39
I X47070

FILED JUN 4 1947

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
White Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 1 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON

(c) City or town Annals
(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 _____

3. (a) PRINT FULL NAME Charles Robert Rogers

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from JAN 1947
1947, to MAY 1947.

that I last saw him alive on may 4 1947
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 8 1857
(Month) (Day) (Year)

Immediate cause of death Heart fail
apoplexy

Due to arterio-sclerosis

Due to senility

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

8. AGE: Years Months Days If less than one day

92 9 26 hr. min.

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

10. Usual occupation Apprentice

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Abe Rogers

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. L. W. Palmer
(b) Address Annals Mo

17. (a) Burial (b) Date thereof 5. 6. 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vinton Ia

22. If death was due to external causes, fill in the following:

(c) 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 _____

18. (a) Signature of funeral director James H. Miller
(b) Address Bladon Mo

19. (a) May 27, 1947 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

23. Signature James H. Miller (M.D. or other) M.D.
Address 312 C.C. Ave. Columbia Date signed 5 May 47

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

2
4

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 3 1947

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.....
Licensed Embalmer No. 4261
P. O. Address.....

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.