. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12763

FILED JUN 14 1947

Registration District No. 15 7

Primary Registration District No. 3028

Registrar's No. 133

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 527 Howard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 527 Howard St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW ROLAND ROGERS
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 10 (Day) 1877 (Year)

8. AGE: Years 69 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired laborer
11. Industry or business -----

MOTHER FATHER
12. Name William Rogers
13. Birthplace Morgan County (City, town, or county) Indiana (State or foreign country)
14. Maiden name Rebecca M. Ireland
15. Birthplace Hamilton County (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Miss Janie Rogers
(b) Address 527 Howard, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June (Month) (Day) 194[illegible] (Year)
(c) Place: burial or cremation Jasper School Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri.
19. (a) 6-4-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1947 hour 11 minute 55 a.m. M.
21. I hereby certify that I attended the deceased from May 20-47 to June 1 19 47
that I last saw h alive on June 1 19 47
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic Hypertension
Due to Heart exhaustion
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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
23. Signature T. E. Baker (M. D. or other)
Address Carthage Mo Date signed 6-2-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-6-493

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 Frank W Knellch

Licensed Embalmer No. 4490

P. O. Address Carthage

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.