

No. 2
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5-17-39
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U.S. No. 2
BUREAU OF THE CENSUS
FILED SEP 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28799
Registrar's No. 295

Registration District No. 316
Primary Registration District No. 6074

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Cantwell
(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)

3. (a) PRINT FULL NAME Allie 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 Calvin Rogers
6. (c) Age of husband or wife if alive 94 years
7. Birth date of deceased July 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 27 hr. min.

9. Birthplace Iron County Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife

11. Industry or business
12. Name Allen M. Middleton
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Barnes
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John McCoy
(b) Address Hertsgulancum, MO
17. (a) Burial (b) Date thereof Aug 21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Petermanys Ceme

18. (a) Signature of funeral director Sparks
(b) Address Flat River, Mo
19. (a) 8-29-47 (b) Ethel Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Cantwell
(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 Aug day 19th
year 1947 hour 9:30 minute A.M.
21. I hereby certify that I attended the deceased from May 15
1947 to Aug 15 1947
that I last saw her alive on Aug 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 week
Due to arteriosclerotic heart disease
Due to
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations ap
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 J. R. Foster (M. D. or other MO)
Address Dasley Mo. Date signed 8-20-47

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

RECEIVED

District Health Officer No. ⁴.....

District File Number 947-111

Date Filed 9-2-47

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 Murphy L. Spinks
Licensed Embalmer No. 4336
P. O. Address Lat River, 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.