

FILED NOV 18 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37393

Do not use this space.

1. PLACE OF DEATH

- (a) County Cass Registration District No. 59
(b) Township Polk Township Primary Registration District No. 5229 Registered No. 165
(c) City Rural Wingate (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 8 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- Newton Murphy Rogers 19
(a) Residence, No. Cass County St. 0 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced 3

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct 30, 1947 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop Mo

FATHER 13. NAME Isaac Newton Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn

MOTHER 15. MAIDEN NAME Martha Jane Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn

17. INFORMANT (ADDRESS) Mrs. C. A. Hackett, Dow, Strasburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop Mo DATE 11-2 1947

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Herrick, Charant Hall Mo

20. FILED 11-8 1947 Laura J. Jones, Legl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1947

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Struck by Rock
Behind wheel while in truck

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide _____ Date of injury Oct 30, 1947

Where did injury occur? Rural Wingate Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place, Railroad Crossing

Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. M. Griffith M. D.

(Address) Hatch House Mo

DEC 1 1955

JAN 9 1959

DEC 3 1957

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.....

J. Virgil Herick

Licensed Embalmer No. *3599*

P. O. Address *Phasant Hill*

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, above space should be left blank.