S. No. 2
I—8-43
5-17-39
X37823

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

NOV 15 1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1947

Registration District No. 86

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37538

Primary Registration District No. 4149

Registrar's No. 29-1947

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution: At Home (If not in hospital or institution, write street number or location) 1

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

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28 1

(c) City or town Cuba (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Albert Burris Rodgers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive ~~Effie~~ 65 years

7. Birth date of deceased May (Month) 2 (Day) 1880 (Year)

8. AGE: Years 67 Months 6 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Jakes Prairie (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Burr Rodgers 0
13. Birthplace Vienna (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Sorrell
15. Birthplace Red Bird (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Marlyn Everett Rodgers

(b) Address Cuba, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Kinder Cemetery

18. (a) Signature of funeral director Franklin Funeral Home

(b) Address Cuba, Mo.

19. (a) 11-14-47 (Date received local registrar) (b) [signature] (Registrar's signature) 272

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 13 year 1947 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from 10-17, 1947, to 11-13, 1947; that I last saw him alive on 11-8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dehydration and Acidosis	1 wk
Due to Probable carcinoma of prostate c̄ widespread metastases	yrs.
Due to	
Other conditions Parkinson's disease (Include pregnancy within 3 months of death)	yrs.

Major findings:
Of operations 51B
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature F. A. Elders (M. D. or other) MD

Address Cuba, Mo Date signed 11-13-47

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Chapman, Registered Apprentice No. 2, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3472

P. O. Address Cuba 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.