S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38677

FILED NOV 22 1947

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 999
(c) City or town Riverton 14
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME M. C. Rogers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Effie Dell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 5, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	5	11	hr. min.

9. Birthplace Taney County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Filling Station Operator
11. Industry or business

FATHER
12. Name Calloway Rogers 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Rogers
(b) Address Riverton, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 9-23-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1947 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 1947, 1947, to 16 Sept 1947
that I last saw him alive on 16 Sept 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	3 mo
Due to Chronic Cholecystitis c̄ adjacent Hepatitis	20 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

127 P

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 0
23. Signature Robert Wavall (M. D. ~~or other~~)
Address Galena Kansas Date signed 17 Sept 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-837

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.