S. No. 2
11-10-39
-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1948

Registration District No. 20

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4031

State File No. 7775

Registrar's No. 36.

1. PLACE OF DEATH:

(a) County Bates

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

(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 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

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

(d) Street No. ____ 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME James Calvin Rogers

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

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 January (Month) 25 (Day) 1947 (Year)

8. AGE: Years I | Months I | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Butler (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name James Wesley Rogers
13. Birthplace Adrian (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Janene Cox
15. Birthplace Newton (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant James Wesley Rogers
(b) Address Adrian Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cem

18. (a) Signature of funeral director Creath & Sir
(b) Address Adrian Mo

19. (a) 3-22-48 (Date received local registrar) (b) Myra Owens (Registrar's signature) 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 21 st March, 1948 to 21 st March, 1948 that I last saw him alive on 21 March, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac failure	
Due to Acute upper respiratory disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy 11 4E	

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) No
(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 A S Mooldridge (M. D. ~~or other~~)
Address Butler, Mo Date signed 25-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-315.
Date Filed 3-29-48

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 Fred T. Leveath 3343, Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 20 Primary Registration District No. 4031 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Bates

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

(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 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

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

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

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

If yes, name country

3. (a) PRINT FULL NAME James C. Rogers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 25 (Day) 1948 (Year)

8. AGE: Years 1 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Butler (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Wesley Rogers
13. Birthplace Adrian, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Janene Cox
15. Birthplace Newton (City, town, or county) Iowa (State or foreign country)

16. (a) Informant James Wesley Rogers
(b) Address Adrian, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Creath & Six
(b) Address Adrian, Mo.

19. (a) 3-25-48 (Date received local registrar) (b) Myra Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 21 year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 3-21-48, 19__ to 3-21-48, 19__; that I last saw him alive on 3-21-1948, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature A.G. Woolridge M.D. (M. D. or other)

Address Butler, Mo. Date signed 3-25-48

SUPPLEMENTARY

1948
S-7795