. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11395

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 63

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain 4
(c) City or town: Mexico, 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 214 E. Anderson St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Robert Dunlap Rodgers
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Mar (Month) 26 (Day) 1863 (Year)
8. AGE: Years 85 Months 1 Days 6 If less than one day ____ hr. ____ min.
9. Birthplace: Audrain Co, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Lawyer
11. Industry or business ____
12. Name (Father): Andrew J. Rodgers
13. Birthplace (City, town, or county) ____ Va. 1 (State or foreign country)
14. Maiden name (Mother): Jane M. Dunlap
15. Birthplace (City, town, or county): Calloway Co, Missouri. 0 (State or foreign country)
16. (a) Informant: Miss Jane Rodgers
(b) Address: Mexico, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood
18. (a) Signature of funeral director: Chas. Arnold & Son
(b) Address: Mexico, Missouri.
19. (a) 5/3/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 1 minute P.M.
21. I hereby certify that I attended the deceased from ____, 19__, to 5-1-, 1948 that I last saw h. alive on 5-1-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Nephritis	
Due to: Arteriosclerosis	
Due to: ____	
Other conditions: Cerebral Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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? 0
While at work? ____ (Specify type of place) (e) Means of injury ____

23. Signature: Frank Talley (M. D. or other) MD
Address: Mexico Date signed 5/3/48

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1948

RECEIVED
District Health Officer No. 10
District File Number 5-46-871
Date Rec'd MAY 12 1948

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.