p. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20273

Registration District No. FILED JUL 6 1948 1584

Primary Registration District No. 5866

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Myrtle
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Raymond Rogers

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Vada Rogers

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Oct. (Month) 26 (Day) 1910 (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	5	16	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Rogers 0
13. Birthplace (City, town, or county) Myrtle (State or foreign country)

MOTHER
14. Maiden name Florence Proctor
15. Birthplace Douglas County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Voda Rogers
(b) Address Myrtle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Myrtle Cem.

18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.

19. (a) 6-30-48 (Date received local registrar) (b) Edith Grass (Registrar's signature) 21 X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 12, 1948, to April 12, 1948
that I last saw him alive on April 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

13B

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
(Specify type of place)

While at work? (e) Means of injury

23. Signature D W Cooper (M. D. or other) MD

Address Thayer Mo. Date signed 5-4-48

Cooper.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-2-48
District Health Officer No. 5,
District File Number 748420
Date Filed 7-2-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.