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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33354

Registration District No. 159

Primary Registration District No. 4249

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Delato

(c) Name of hospital or institution: Cedar Grove Nursing Home  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN WALTER ROGERS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1948 hour 7 minute 91 M.

21. I hereby certify that I attended the deceased from Sept. 23 1947 to Oct 17, 1948; that I last saw him alive on Oct 16 1948; and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec 25 1890  
(Month) (Day) (Year)

Immediate cause of death: Pneumonia, both lower lobe Duration 5 days

Due to Arthritis, chronic, atrophic, of numerous joints one year

Due to \_\_\_\_\_

Other conditions: Cerebral accident with partial hemiplegia, right one month

8. AGE: Years Months Days If less than one day

71 9 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name James Rogue

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant W. G. Rogue

(b) Address Delato Mo.

17. (a) Burial (b) Date thereof Oct 19 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wooden casket Delato Mo.

18. (a) Signature of funeral director Donnell B. Dietrich

(b) Address Delato Mo.

19. (a) 10-23-48 (b) Jefferson, Mo.  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 107

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 Thomas A. Donnell (M. D. or other) M.D.

Address Delato, Mo. Date signed 10-18-48

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

MOTHER FATHER

