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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED DEC 14 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**36261**

State File No. \_\_\_\_\_

Registration District No. 123

Primary Registration District No. 5490

Registrar's No. 87

**1. PLACE OF DEATH:**

(a) County Harrison

(b) City or town New Hampton Rural White Oak Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1 mile south of New Hampton  
(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 6 months

**3. (a) PRINT FULL NAME** IsaBell Rogers

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Joseph Rogers Deceased

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

7. Birth date of deceased June 19 1894  
(Month) (Day) (Year)

**8. AGE:**

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>74</u> | <u>9</u> | <u>27</u> | hr. _____ min. _____ |

9. Birthplace Harrison County MO U  
(City, town, or county) (State or foreign country)

10. Usual occupation Wif.

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

**MOTHER FATHER**

12. Name Jack Johnson

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

14. Maiden name Elizabeth Kincaid

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

16. (a) Informant Lettie Bush

(b) Address New Hampton MO

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

(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director W. S. Noble

(b) Address New Hampton MO

19. (a) Rec'd Dec. 2-48 (b) Zola Burres  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Harrison 41

(c) City or town New Hampton Rural White Oak  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile south of New Hampton  
(If rural, give location)

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

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 16  
year 1948 hour 2 minute 5 AM.

**21. I hereby certify that I attended the deceased from** Nov 20, 1948, to Nov 16, 1948  
that I last saw h. alive on \_\_\_\_\_, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature G. Wilson (M. D. or other) \_\_\_\_\_

Address New Hampton Date signed Nov 17

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. H. Noble

Licensed Embalmer No. 2904

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.**