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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 245

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37484

Primary Registration District No. 5836

Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County: Missouri Newton

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

(c) Name of hospital or institution: Neosho Twp. 1
(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: Newton 73

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

(d) Street No.: Neosho Twp.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: James H Rogers

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Louie Rogers

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: August (Month) 13 (Day) 1884 (Year)

8. AGE: Years 64 Months 3 Days 8 If less than one day hr. min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

FATHER 12. Name: Richard Calvin Rogers

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

MOTHER 14. Maiden name: Elizabeth Tarrington

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

16. (a) Informant: Polly Contreras

(b) Address: Neosho Mo. R #5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-23-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Diamond Missouri

18. (a) Signature of funeral director: Carley Thompson

(b) Address: Neosho Mo.

19. (a) Nov. 22, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1948 hour 3:55 minute a. M.

21. I hereby certify that I attended the deceased from 2-1, 1948, to 11-21, 1948, that I last saw h~~e~~ alive on 11-20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Arteriosclerosis

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: J. E. Reynolds (M. D. or other) MD

Address: Neosho Mo. Date signed 11-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Pawton C. Hall
District Engineer No. Mont
Date Filed 12-1-48

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 Rollie Kessel, Registered Apprentice No. 228, working under my personal supervision.

Signed Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.