

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

State File No. **43867**

S. No. 300  
V. 10.48

**FILED JAN 26 1950**

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BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>3</u>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <u>George</u>	b. (Middle) <u>Patrick</u>	c. (Last) <u>Rogers</u>	Month <u>12</u>	Day <u>31</u>	Year <u>49</u>		
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 4, 1881</u>		<b>9. AGE</b> (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 6 HRS. Days <u>27</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Miner</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Higginsville</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S</u>	
<b>13a. FATHER'S NAME</b> <u>Charles Rogers</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ellen McGuire</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Virgie Sammons Rogers</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Geo. Rogers</u>				
			<b>ADDRESS</b> <u>Higginsville</u>				
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease and</u>					<u>Years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial asthma</u>					<u>Years</u>
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>24.1X</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Dec 1, 1949</u> to <u>Dec 31, 1949</u>, that I last saw the deceased alive on <u>Dec 31, 1949</u> and that death occurred at <u>4:30 P.M.</u>, from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>W. Keppner</u>				<b>23b. ADDRESS</b> <u>Higginsville</u>		<b>23c. DATE SIGNED</b> <u>1-3-1950</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>		<b>24b. DATE</b> <u>1-3-50</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Higginsville Mo.</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>Jan 9-1950</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Clayton W. Landrum</u>		<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Forrest J. Baker</u>		<b>ADDRESS</b> <u>Higginsville, Mo</u>	

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

RECEIVED

JAN 24

District Health Officer No. 6,

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

Date Filed 1-25-50

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 \_\_\_\_\_

Forrest R. Hoefler

Student Embalmer No. 354

working under my personal supervision.

Signed Forrest R. Hoefler  
Student Embalmer

Signed

Forrest R. Hoefler

Licensed Embalmer No. 4368

P. O. Address Higginsville, 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.

*[Handwritten signature]*