S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1950

State File No. 23190

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5418 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EdwardxJxxRogersxx

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Sharp
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cotton Hill Twp 8030
d. STREET ADDRESS (If rural, give location): Short distance North of Townley

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) J. c. (Last) Rogers

4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 1899/2/3
9. AGE (In years last birthday): 50 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: NO
13a. FATHER'S NAME: John Rogers
13b. MOTHER'S MAIDEN NAME: Melvin Sisk
14. NAME OF HUSBAND OR WIFE: Violet Rogers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-01-584
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Lewis W. Rogers, Malden, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Multiple Fractures — INTERVAL BETWEEN ONSET AND DEATH: 68104

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hit by Train — 27

DUE TO (c) Inquest Pending

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rail Road Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cotton Hill Twp. Dunklin, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 6- 1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Hit by Train — Auto struck.

22. *I hereby certify that I attended the deceased from _____, 19____, to* Jan. 6, 19 50, *that I last saw the deceased alive on _____, 19____, and that death occurred at* 9.30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter A. Hawkins Coroner
23b. ADDRESS: Kennett Mo.
23c. DATE SIGNED: 1-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-11-'50
24c. NAME OF CEMETERY OR CREMATORY: Sycamore
24d. LOCATION (City, town, or county) (State): Near Ryle Mo

DATE REC'D BY LOCAL REG.: Aug 5, 1950
REGISTRAR'S SIGNATURE: J. W. Schouman 87
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wallace R Knight Malden Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 - 1950

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~~ ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 04514

P. O. Address Malden, 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.