

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 27

0070

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

1. PLACE OF DEATH a. COUNTY <b>BATES.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RICH HILL.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RICH HILL, 0070</b>	
c. LENGTH OF STAY (In this place) <b>65 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>906 E. PINE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>906 E. PINE.</b>			

3. NAME OF DECEASED a. (First) <b>WILLIAM HERBERT</b> b. (Middle) <b>ROGERS</b> c. (Last) <b>ROGERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-26-1950</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 3-1872</b>	9. AGE (In years last birthday) <b>77</b>	10. UNDER 1 YEAR Months Days	11. UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>COAL.</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN ROGERS</b>	13b. MOTHER'S MAIDEN NAME <b>VIRGINIA WHITTAKER</b>	14. NAME OF HUSBAND OR WIFE <b>ELIZABETH ROGERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elizabeth Rogers - Rich Hill, Mo.</b>	ADDRESS <b>Rich Hill, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Cardiac Asthma</b>		
	DUE TO (c) <b>Bronchial Asthma.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Anthracoosis</b>			<b>#222M</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>T</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-25**, 1950, to **9-26**, 1950, that I last saw the deceased alive on **9-26**, 1950, and that death occurred at **10:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>T. R. McBe...</b>	23b. ADDRESS <b>Rich Hill MO.</b>	23c. DATE SIGNED <b>9-29-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT-28-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>	24d. LOCATION (City, town, or county) (State) <b>RICH HILL, MISSOURI.</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 28. 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. Edna Tompkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Booth Funeral Serv - Rich Hill, Mo.</b>	ADDRESS
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RECEIVED 10-3-52

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-3-52

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address *Butler, N.J.*

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.