

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21771

State File No. 547
Registrar's No.

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene County, Mo.
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2036 N Benton
(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)

3. (a) PRINT FULL NAME Keturah L Rogers 262
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Alfred Rogers 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased July - 31 - 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 27 If less than one day hr. 1 min.

9. Birthplace Porter County, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business housekeeping

MOTHER FATHER { 12. Name William Standley
13. Birthplace Unknown, Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Wilkins
15. Birthplace Unknown, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. J. Rogers

(b) Address Springfield, Mo. 65801

17. (a) Burial (b) Date thereof June 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Handeling, Mo.

18. (a) Signature of funeral director Gene A. Brown
(b) Address Warrent Brown, Mo.

19. (a) June - 29 - 1940 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2036 North Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 23
_____, 1940, to June 28, 1940;
that I last saw her alive on June 27, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to myocardial degeneration

Due to _____
Other conditions (Include pregnancy within 3 months of death) 43C

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) (e) Means of injury _____

Signature P. O. Davidson (M.D. or other) 28
Date signed 6-29-40

FEB 21 1944

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.....

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

Signed Gene A. Brown

Licensed Embalmer No. 7664

P. O. Address Walnut Grove 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, above space should be left blank.