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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11176

APR 10 1941
Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 22

1. PLACE OF DEATH: Lawrence
 (a) County Lawrence
 (b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 103 W. Tindall St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
Aurora, Mo.
 (c) City or town 103 Tindall St.
(If outside city or town limits, write "RURAL")
 (d) Street No. 103 Tindall St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Athelston Rogers
 3. (b) If veteran, name war No
 3. (c) Social Security No. No
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Dora Rogers
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased Nov. 14, 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 30th
 year 1941 hour 8 minute 30 P.M.
 21. I hereby certify that I attended the deceased from March 16
1941 to March 30, 1941;
 that I last saw him alive on March 30, 1941;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>17</u>	hr. min.

Immediate cause of death
General arteriosclerosis especially cerebral
 Due to arteriosclerosis
 Due to _____
 Other conditions Chronic myocardial disease failure
(Include pregnancy within 3 months of death)

9. Birthplace Newburg, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Railroad Section Foreman
 11. Industry or business Retired at Home
 12. Name Oscar Rogers
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Queen McDade
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy gpc
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dora Rogers
 (b) Address 103 Tindall St. Aurora, Mo.
 17. (a) Burial (b) Date thereof 3/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park Cemetery
 18. (a) Signature of funeral director James L. Marsh
 (b) Address 229 W. Church Aurora, Mo.
 19. (a) 4/1/41 (b) H. D. Cowan, M.D.
(Date received local registrar) (Registrar's signature)

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 _____
 23. Signature H. D. Cowan (M. D. or other) H. D.
 Address 16 E. Locust Aurora, Mo. Date signed 3/31/41

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

RECEIVED

District Health Officer No. 8,

District File Number 441-577

Date Filed APR 9 1917

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Amora, 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.