N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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DEC'D MAY 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15870
Do not use this space.

1. PLACE OF DEATH
(a) County Putnam — Registration District No. 724
(b) Township York — Primary Registration District No. 5955 — Registered No.
or
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 326 Orvilla Jane Rodgers,
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kindle Rodgers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 87 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER
13. NAME: Abrahm W. Drake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Mary Ann Morris,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Nally Rodgers, Powersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edmond Cem. DATE: Mar. 18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Beary-Statton Co., Powersville, Mo.
20. FILED: Mar 18 1939 Mrs. D.W. Pollock, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 17 1939
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 16, 1939
I last saw her alive on March 16, 1939. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia — Date of onset
93 C
Other contributory causes of importance:
Chronic myocarditis
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. W. McDonald, ~~Mr.~~ D.O.
(Address) Powersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-904
Date Filed MAY 3 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.