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JUN 13 1939

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

18557
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 296
(b) Township Union Primary Registration District No. 4180 Registered No. _____
(c) City Union or _____ (d) Street No. _____ St. _____
(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 Edw. L. Rodgers

(a) Residence, No. Union, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtel M. Rodgers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1902
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. 37 1 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoemaker
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) Tea (STATE OR COUNTRY) Missouri

FATHER 13. NAME Cliver Rodgers 14. BIRTHPLACE (CITY OR TOWN) Rosebud (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah H. Rook 16. BIRTHPLACE (CITY OR TOWN) Argo (STATE OR COUNTRY) Missouri

17. INFORMANT Myrtel M. Rodgers (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL New Salem Church Cemetery New Salem, Mo. DATE May 22 1939

19. FUNERAL DIRECTOR (NAME) Union Funeral Home (ADDRESS) Union, Mo. (Wm. H. Horn)

20. FILED 5/22 1939 Thomas T. Hauer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 17 1939, to May 18 1939. I last saw him alive on Friday, May 5 1939. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic asina Pectoris acuta Embolic.
Slight nephritis.
Date of onset 4/12

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? 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) H. D. Lefebvre M. D. C.
(Address) Union, Mo.

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.

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.....

Weyff How

Licensed Embalmer No.....

3175

P. O. Address.....

Union, 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.