

REC'D AUG 19 1939

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

26619

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 134
 (c) City Moberly (d) Street No. Woodland Hosp 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

376 DANIEL D. RODGERS.
 (a) Residence, No. _____ St. Paris, Mo.
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Telema Rodgers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT. 22, 1866</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>7</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>		
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) <u>July, 1939.</u>		
11. Total time (years) spent in this occupation <u>24</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME <u>Michael Rodgers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Annie (last name N.K.)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. La.</u>		
17. INFORMANT (ADDRESS) <u>Clayton Rodgers, Paris Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paris Mo.</u> DATE <u>7-16, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Speed Blakey, Paris Mo.</u>		
20. FILED <u>July 16, 1939</u> <u>Seal</u> <u>Willard</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939.

22. I HEREBY CERTIFY That I attended deceased from July 14, 1939 to July 14, 1939.
 I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 6:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset 3 wks.

Other contributory causes of importance:
94 lb.

Name of operation no Date of _____
 What test confirmed diagnosis? Chimp Was there an autopsy? no

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? _____
 If so, specify _____
 (Signed) Wm. J. Skimming, M. D.
 (Address) Moberly Mo.

RECEIVED

District Health Officer No. 10

District File Number 8-39-1439

Date Filed AUG 9 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

W. B. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, 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.