DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1599

Registration District No. 1048 — JAN 11 1940

Primary Registration District No. 4028

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Amoret (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Amoret (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether

In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Amoret (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME George Rogers 262

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 13 (Day) 1860 (Year)

8. AGE: Years 79 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Stark Co. (City, town, or county) Illinous (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Rogers
13. Birthplace Unk (City, town, or county) N.J. (State or foreign country)

MOTHER
14. Maiden name Mary Stull
15. Birthplace Unk. (City, town, or county) N.J. (State or foreign country)

16. (a) Informant's own signature J. W. Rogers

(b) Address Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Richland

18. (a) Signature of funeral director Archer & Mangold

(b) Address Amsterdam Mo

19. (a) 1/5 1940 (Date received local registrar) (b) Mrs Carl Hall 51 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 2 day 3 year 1940 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to Jan 3, 1940 that I last saw her alive on Jan 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronick Endocarditis

Due to

Due to 97 U

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J M Smith (M. D. or other)

Address Amoret Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
Registrar File Number 1-40-116
Date Filed 1-10-40

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 Lee A. Mangold, Registered Apprentice No. ....., working under my personal supervision.

Signed Lee A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam Mo.

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

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