

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

10111  
Do not use this space.

1. PLACE OF DEATH Bates

(a) County Rich Hill Mo Registration District No. 53

(b) Township Osage Primary Registration District No. 5082 Registered No. 9

(c) City \_\_\_\_\_ (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 David T Rogers

(a) Residence, No. Rich Hill Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora E. Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1871 Sept 22

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

68 5 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Insurance Agt

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Bates Co Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME Albert Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Nora Rogers Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Mo. DATE Mar. 3rd/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Booth Service Rich Hill Missouri

20. FILED March 7, 1940 Claudy J. Allen M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1/40 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1 1936 to March 1 1940

I last saw him alive on March 1 1940 Death is said to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:

renal hemorrhage

hypertension

Other contributory causes of importance: gla

Date of onset \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) David J. Allen M. D.

(Address) Rich Hill Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

5014-1-12-38  
I X1402B

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.

*Allen*

RECEIVED  
District Health Officer No. 7,  
District File Number 4-40-624  
Date Filed 4-9-40

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed John L. Henderson

Licensed Embalmer No. 3580

P. O. Address Butler Pa

**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.**