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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 4 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11491  
State File No. \_\_\_\_\_  
Registrar's No. 19

Registration District No. 46

Primary Registration District No. 427A

54  
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1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: \_\_\_\_\_

(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 \_\_\_\_\_ years, months or days 262

3. (a) PRINT FULL NAME Charles Rogers

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ellen McGuire Rogers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7/30/1855  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	7	28	hr. _____ min.

9. Birthplace Kirkville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Minning

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Rogers

13. Birthplace Kirkville Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen McGuire

15. Birthplace Kirkville Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Rogers

(b) Address Higginsville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/30/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville Mo.

19. (a) 4-1-40 (Date received local registrar) (b) Tiffany Webb (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 9 hour \_\_\_\_\_ minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from January 27 1940 to Mar 27 1940;

that I last saw him alive on Mar 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia Dyratton 1940

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertensive Corded - vascular disease (Include pregnancy within 3 months of death) 5 yr.

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

413

23. Signature E. J. Jewell (M. D. or other) [Signature]

Address Higginsville Mo. Date signed 3/28/40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-3-40

STATEMENT BY LICENSED EMBALMER

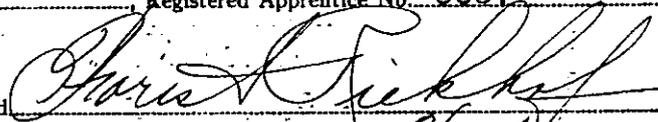
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Forest Riekhof

Registered Apprentice No. 3637

working under my personal supervision.

Signed



Licensed Embalmer No.

3637

P.O. Address Higginsville 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11491

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 460

Primary Registration District No. 4274

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County. Lafayette

(b) City or town. Higginsville mo

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

In this community. (Specify whether years, months or days)

3. (a) PRINT FULL NAME. Charles Rogers

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex. m

5. Color or race. w

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

6. (b) Name of husband or wife.

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 7 28 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) May 31 1940 (Date received local registrar) (b) Tiffany Webb (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Lafayette

(c) City or town. Higginsville (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.? years.

20. DATE OF DEATH. Month May day 28 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to.

Due to.

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) (e) Means of injury.

23. Signature. C. J. Isaac (M. D. or other)

Address. Higginsville mo Date signed.

SUPPLEMENTARY

11491 (1940)