FILED AUG 16 1940

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25107

Registration District No. 294 Primary Registration District No. 4178 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: None 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town St. Clair 0
(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.

3. (a) PRINT FULL NAME RAYNIE ROGERS 262

3. (b) If veteran, name war 489-10-9190 3. (c) Social Security No.

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 March (Month) 4 (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	49	4	8	hr. min.

9. Birthplace Steelville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation CHAUFFEUR

11. Industry or business

FATHER
12. Name A. W. ROGERS
13. Birthplace PAYDOWN, MARIES County 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EMILY JONES
15. Birthplace LINDELL MARIES County 0 (City, town, or county) (State or foreign country)

16. (a) Informant CARL M ROGERS
(b) Address St Clair Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 15 (Day) 1940 (Year)
(c) Place: burial or cremation St. Clair

18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St Clair Mo

19. (a) (Date received local registrar) (b) M. H. Duckworth (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1940 hour 3 30 pm minute 30 M.

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

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Not
(b) Date of occurrence July 12 1940
(c) Where did injury occur? St Clair (City or town) Franklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Core Taker at home (Specify type of place)
While at work? Yes (e) Means of injury 5

23. Signature Thos. P. Shoffer (M. D. of Coroner)
Address Sullivan Mo Date signed 7/12/40

(Licensed Embalmer's Statement on Reverse Side)

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

Sherwood Wm Kitchell, Registered Apprentice No.

working under my personal supervision.

Signed Sherwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo.

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

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