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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1984

Registration District No. 96 | Primary Registration District No. 5742 | Registrar's No. 4

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

1. PLACE OF DEATH

(a) County: Caldwell
(b) City or town: Rural
(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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Caldwell
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 mi. west & north
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: DIZA-KATHERINE-ROGERS

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

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: October (Month) 29 (Day) 1848 (Year)

8. AGE: Years 92 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace: Wayne Co. (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
12. Name (FATHER): Silas Bell
13. Birthplace (FATHER): Kentucky (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER): Anna Morris
15. Birthplace (MOTHER): Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Grace R. Elliott
(b) Address: Hamilton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: G.R. Houghton
(b) Address: Hamilton Mo
19. (a) Jan 26 1941 (Date received local registrar) (b) Merle Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23rd year 1941 hour 7 minute P M.
21. I hereby certify that I attended the deceased from January 19th, 1941, to Jan 23, 1941; that I last saw her alive on Jan 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-Pneumonia	2 days
Due to: Influenza	5 days
Due to:	
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):
(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: Hubert R. Brock (M. D. or other) DM D
Address: Hamilton Mo. Date signed 1/27/41

(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 L.R. Houghton, Registered Apprentice No. ..... working under my personal supervision.

Signed L.R. Houghton

Licensed Embalmer No. 3854

P. O. Address Hamilton Me

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

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