

Registration District No. 1 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Brashear
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 11 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Brashear
(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.? 0 years.

3. (a) PRINT FULL NAME ROBERT K. ROGERS
3. (b) If veteran, name war World
3. (c) Social Security No. 177-01-4680

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March, day 21, year 1941 hour 6 minute 15 A. M.

4. Sex M 5. Color or race W
6. (a) Name of husband or wife Juanita F. Rogers
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Jan 26 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 21, 1941, to March 21, 1941, and that I last saw him alive on March 20, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 1 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death Heart failure (acute myo-carditis)
Due to Cardiac asthma
Due to Pneumonia, broncho-

9. Birthplace Cleveland Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Engineer Electric Const
11. Industry or business _____
12. Name Stonewall J. Rogers
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Ann Kelly
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 2
Major findings: AS
Of operations _____
Of autopsy _____

16. (a) Informant Juanita Rogers
(b) Address Brashear, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill - Kirkville, Mo
18. (a) Signature of funeral director Harold H. Hagal
(b) Address Kirkville, Mo
19. (a) Mar. 23/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

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? _____

3 While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature N. F. Cornstible (M.D. or other) D.O.
Address Brashear, Mo. Date signed Mar. 23 '41

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

100

100

SEP 20 1948

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

Harold K. Hugal

Licensed Embalmer No.....

4079

P. O. Address

Kirkville, TN

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, fact should be so stated above.