

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16071

Registration District No. 838

Primary Registration District No. 109813

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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
In this community years, months or days)

3. (a) PRINT FULL NAME Owens Mrs. Rogers
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex mo 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 Sept-20-1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER
12. Name John Rogers 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Day
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E Day

(b) Address Dexter mo R 4

17. (a) Buried (b) Date thereof Feb-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter

18. (a) Signature of funeral director Watkins Funeral

(b) Address Dexter mo 75 S

19. (a) 4/22 1941 (b) Jennie Keuter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Dexter mo
(If outside city or town limits, write "RURAL")
(d) Street No. RFD-4
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb- day 24
year 1941 hour 10 minute 25 am

21. I hereby certify that I attended the deceased from Feb 1, 1941, to Feb 24, 1941;
that I last saw him alive on Feb 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 5 years

Due to old age

Due to 97

Other conditions none found
(Include pregnancy within 3 months of death)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W C Dickman (M. D. or other) D
Address Dexter mo Date signed Feb 27/41

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

RECEIVED

District Health Officer No. 2,

District File Number 541-662

Date Filed 5/19/41

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.....

Virgil H. Helch....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil H. Helch.....

Licensed Embalmer No. 4102

P. O. Address Deyster, 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.