

No. 2
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5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34810

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 26

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

1. PLACE OF DEATH: DUNKLIN

(a) County: Dunklin

(b) City or town: Kennett

(c) Name of hospital or institution: Presnell Hospital

(d) Length of stay: In hospital or institution: 2 1/2 months

In this community: 40 years

2. USUAL RESIDENCE OF DECEASED: DUNKLIN

(a) State: Missouri (b) County: Dunklin

(c) City or town: Kennett

(d) Street No.: 406 College

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

3. (a) PRINT FULL NAME: JOHN CALVIN 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: widowed

6. (b) Name of husband or wife: Elizabeth Rogers 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: December 31, 1867

8. AGE: Years 74 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace: Waverly, Tenn.

10. Usual occupation: Retired Lumberman

11. Industry or business: _____

12. Name: Louis Rogers

13. Birthplace: North Carolina

14. Maiden name: Mary Hendrix

15. Birthplace: Tennessee

16. (a) Informant: Mrs. Lessie Blakemore

(b) Address: Kennett, Mo.

17. (a) Burial (b) Date thereof: 10-7-41

(c) Place: burial or cremation: Kennett, Mo.

18. (a) Signature of funeral director: LaForge Und. Co.

(b) Address: Caruthersville, Mo.

19. (a) 10/11/41 (b) Julia Blankushy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 21, 1941 to Oct 5, 1941; that I last saw him alive on Oct 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured neck of right femur

Due to: 1860

Due to: 18

Other conditions: Pneumonia

Major findings: Chronic nephritis

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): July 13, 1941 Accident

(b) Date of occurrence: July 13, 1941

(c) Where did injury occur?: Kennett, Dunklin Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work: no (e) Means of injury: Fall

23. Signature: Paul Blakemore (M. D. or other) D M W

Address: Kennett Mo. Date signed: 10-11-41

Duration
2 mos 22 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

10-11-41

901

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

J. S. Schuman

Licensed Embalmer No. *4086*

P. O. Address

Carthensville, N

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.