

Registration District No. 421

Primary Registration District No. 4249

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus, Mo.
(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 _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Washington Rodgers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachel Rodger

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 17 1848
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace Missouri 11
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name MOSES Unknown ROGERS

13. Birthplace ST. GENEVIEVE Unknown MO
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH Unknown JAMES

15. Birthplace ST. GENEVIEVE Unknown MO
(City, town, or county) (State or foreign country)

16. (a) Informant Olivia Bingham

(b) Address Festus, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10/10/41
(Month) (Day) (Year)

(c) Place: burial or cremation At Zion Cemetery

18. (a) Signature of funeral director Dement & Son

(b) Address 200 S. Adams

19. (a) 10/13/41 (Date received local registrar)

(b) J. E. Rutledge (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jefferson

(c) City or town Festus
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 4, 41 to Oct 5, 1941; that I last saw him alive on Oct 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis and Nephritis

Due to Debility

Due to Age

Other conditions 93a
(Include pregnancy within 8 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. E. Rutledge (M. D. or other) _____
Address Festus Mo Date signed _____

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.....

Licensed Embalmer No. 2963

P. O. Address. 2910 Franklin

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.