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DEC 16 1941  
4149

Registration District No. \_\_\_\_\_

Primary Registration District No. 5618

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Osage Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Osage Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
Specify whether  
In this community All his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede  
(c) City or town Near Aba Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Osage Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Rebecca Rodgers

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 1234

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July, 1939, to July, 1941  
that I last saw her alive on July, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage of the face

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1/3

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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. L. Brown (M. D. or other) \_\_\_\_\_  
Address Nov. 29/41 Date signed \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife James L. Rodgers 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased July 17 1875  
(Month) (Day) (Year)  
8. AGE: Years 66 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Aba Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Samuel Hull

13. Birthplace Uniontown  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret F. Smith

15. Birthplace Near Aba Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon Rodgers

(b) Address Brownfield Mo

17. (a) burial (b) Date thereof 11-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crossroads Cem

18. (a) Signature of funeral director E. H. Stewart

(b) Address Debarneyers

19. (a) 11-29-41 (b) J. M. Comb  
(Date received local registrar) (Registrar's signature)

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

Laclede County Unit

County File # 12-41-15

Date Filed 12-11-41

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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 E N Stewart

Licensed Embalmer No. 1885

P. O. Address Lebanon, 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, fact should be so stated above.**