

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12362

Do not use this space.

1. PLACE OF DEATH

(a) County Weight Registration District No. 908
 (b) Township Primary Registration District No. 6222 Registered No. 9 114
 (c) City Mtn. Grove, Mo. (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Pete M. Rogers
 (a) Residence, No. Rt. #3 Mtn. Grove, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALLIE BROWN ROGERS
 6. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1942
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County, Illinois

FATHER 13. NAME Samuel Rogers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1839 Illinois

MOTHER 15. MARRIAGE NAME Martha Rogers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Richard Rogers - SON
 (ADDRESS) Mtn. Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE

19. FUNERAL DIRECTOR (NAME) Russell Barber
 (ADDRESS) Mtn. Grove, Mo.

20. FILED 48 - 1942 Hubert N. Perry
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1942 5:30 AM

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1942, to Mar. 11, 1942

I last saw him alive on Mar. 11, 1942. Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver & stomach

Date of onset

Other contributory causes of importance:
H68

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) P. W. Deery, M. D.

(Address) Mtn. Grove, Mo.

APR 28 1942

RECEIVED

District Health Officer No. 6,

District File Number 442-493

Date Filed APR 10 1942

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.....

P. O. Address.....

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.