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5-17-39
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FILED AUG 18 1942

Registration District No. 11

Primary Registration District No. 4025

Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Wheaton Sum
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Akin Rogue

8. (b) If veteran, name war No

8. (c) Social Security No. ***

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha I. Rogue

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 2nd 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation undertaking

11. Industry or business undertaking

MOTHER FATHER { 12. Name William McDaniel Rogue

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

14. Maiden name Margret Culp

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Rogue

(b) Address Wheaton, Mo

17. (a) Burial (b) Date thereof July 5 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wacedonia At stella

18. (a) Signature of funeral director Thompson

(b) Address July 16-1942

19. (a) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Wheaton, Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1942 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 26
1942 to July 3 1942
that I last saw him alive on July 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Stomach

Due to _____

Due to _____

Other conditions _____
(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? 0

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

23. Signature O. S. McCall (M. D. or other) _____
Address Wheaton Mo Date signed 7-7-42

RECEIVED

District Health Officer No. 6,

District File Number 842-1254

Date Filed AUG 17 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.....

Mr......, Registered Apprentice No.....
working under my personal supervision.

Signed Walter O. Kierney.....

Licensed Embalmer No. 38224.....

P. O. Address Pease City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23764

Registration District No. 11

Primary Registration District No. 4025

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry Wheaton
(b) City or town _____
(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 17 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 13
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____
Due to Hemorrhage of the stomach
due to probable malignancy
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations H6 h
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (a) Means of injury D
23. Signature O. S. McCall (M. D. or other) _____
Address Wheaton Mo. Date signed 8-26/42

3. (a) PRINT FULL NAME George Akin Pogue
3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 2
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

