

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1719

FILED JAN 20 1943

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Opolar bluff  
(c) Name of hospital or institution Brandon Hosp  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Harrison Route  
(d) Street No. 5 miles south west of Harrison  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME CHARLES ALFRED ROGERS

3. (b) If veteran, name war no 3. (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 Ruth Edith Rodgers 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased May 1 1912

8. AGE: Years 30 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Naylor Ripley Co. Missouri

10. Usual occupation minister

11. Industry or business Farming

12. Name William D. Rodgers

13. Birthplace Waburn Ill.

14. Maiden name Cora Honeycutt

15. Birthplace Naylor Ripley Co. Missouri

16. (a) Informant Edith Rodgers

(b) Address Little Rock, Arkansas

17. (a) Burial (b) Date thereof Jan 9 1943

(c) Place: burial or cremation Naylor Cemetery

18. (a) Signature of funeral director Minnie Gish  
(b) Address Naylor, Mo.

19. (a) 1-6-43 (b) Belle Kinser

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1943 hour 5 minute AM

21. I hereby certify that I attended the deceased from January 2nd  
1943, to January 6th 1943.  
that I last saw him alive on January 6th 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death Basal skull fracture

Due to automobile accident

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

Other conditions 170c 4  
(Include pregnancy within 3 months of death) 27

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) accident

(b) Date of occurrence January 2nd - 1943

(c) Where did injury occur? U.S. 67 Highway D12

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U.S. 67 Highway Butler County Missouri

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Auto accident

23. Signature W. H. ... (M. D. or other) \_\_\_\_\_

Address Opolar bluff, Mo Date signed 1-6-43

72

(Licensed Embalmer's Statement on Reverse Side)

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

2  
7  
3

RECEIVED

District Health Office No. 2

District File Number 143-110

Date Filed 1-18-43

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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 *B. C. Mc Cord*

Licensed Embalmer No. *7079*

P. O. Address *Naylor, 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.**