

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

1. PLACE OF DEATH: Stoddard
 (a) County Stoddard
 (b) City or town Rural
 (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 None (Specify whether
 In this community 4 months years, months or days)

3. (a) PRINT FULL NAME Q. R. A. C. ROGERS
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Married
 6. (b) Name of husband or wife Ezra Rogers 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased March 6th 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>11</u>	hr.min.

9. Birthplace Yellville Ark. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name J. H. Hunsyent

13. Birthplace Boone Co. Ark. (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Cantwell

15. Birthplace Red Hill Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Ezra Rogers

(b) Address Parma Mo. Rt 7

17. (a) Burial (b) Date thereof Feb 7-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orange Cemetery

18. (a) Signature of funeral director H. O. Newburgh

(b) Address Parma Mo.

19. (a) 2-11-43 (b) Cardie Miller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town 3 1/2 mi. N. W. Parma
 (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 NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
 year 1943 hour 1 P. minute 30 A.

21. I hereby certify that I attended the deceased from Feb 6 - 1943
 to Feb 6 - 1943
 that I last saw her alive on Feb 6 - 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Placenta Previa
Hemorrhage

Due to Hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 146c

Of operations

Of autopsy

Duration
Yours
Hanna

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?

(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. P. Brendon (M. D. or other)

Address Parma Mo. Date signed 2-6-43

J. P. Brundage

Embalmer

RECEIVED

District Health Office No. 2,

District File Number 243-352

Date Filed 3-8-43

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.....

Body Was NOT Embalmed

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, fact should be so stated above.