

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

13550
Do not use this space.

FILED MAY 6 1943

1. PLACE OF DEATH

(a) County Alachua Registration District No. 14
 (b) Township Alachua Primary Registration District No. 4012 Registered No. 1013
 (c) City Rock Port Mo. (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 1
 (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 Barbara Ann Rogers

(a) Residence, No. Rock Port, Mo. St. (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Rogers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1860</u>				
7. AGE	YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>4</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife</u>			
	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) <u>Elmo Missouri</u>				
FATHER	13. NAME <u>Jesse Fielder</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union ?</u>			
MOTHER	15. MAIDEN NAME <u>Mary Farley Fielder</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union ?</u>			
17. INFORMANT (ADDRESS) <u>Marshall Rogers Rock Port, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Hunter</u> DATE <u>April 18, 1943</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. B. Benton Rock Port, Mo.</u>				
20. FILED <u>April 17, 1943</u> <u>Miss Herbert Lawrence</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>April 16, 1943</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 14, 1943</u> to <u>April 16, 1943</u> I last saw her alive on <u>April 16, 1943</u> Death is said to have occurred on the days stated above, at <u>9:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral apoplexy</u> <u>Arteriosclerosis</u> Date of onset <u>73d</u>	
Other contributory causes of importance:	
<u>Arteriosclerosis</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify <u>Chas. D. Gettle</u> , M. D. (Signed) <u>Chas. D. Gettle</u> , M. D. (Address) <u>Rock Port, Mo.</u>	

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 *By Me*

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

Signed

J. B. Bertram

Licensed Embalmer No. *4024*

P. O. Address *Rock Point 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.