

S. No. 2
M-2-43
5-17-39
X32697

41431

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1944

State File No. _____
Registrar's No. 337

Registration District No. _____ Primary Registration District No. 3000

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Firksville
(c) Name of hospital or institution: A. S. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Firksville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1602 E. normal
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Frank Rogers

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 17
year 1943 hour 7 P.M. minute _____ M.

3. (b) If veteran, name war _____ 3. (c) Social security No. _____

21. I hereby certify that I attended the deceased from Dec 7th
1943 to Dec 17th 1943
that I last saw her alive on Dec 17 1943
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Frank Rogers 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. 9 1863
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Duration _____

8. AGE: Years Months Days If less than one day
80 10 8 hr. min.

Due to _____
Due to _____

9. Birthplace Firksville Ill.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 94-1

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Domestic

12. Name Samuel Crist

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

14. Maiden name Mary Foster

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

16. (a) Informant Dud Rogers

(b) Address Firksville, Mo.

17. (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Refuges

18. (a) Signature of funeral director Walter D. ...
(b) Address Firksville, Mo.

19. (a) 12/17/43 (b) Mrs. L. Waquer
(Date received local registrar) (Registrar's signature)

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

23. Signature G. L. Attebery (M.D. or other) DO
Address A. S. Hospital Date signed 12/30/43

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

MOTHER FATHER

104

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-44-30

Date Filed JAN 7 1944

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..... A. J. River.....
Licensed Embalmer No. 1407.....
P. O. Address..... Kirkville 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.