V. S. No. 2
100M—2-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

Registration District No. 316

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 43599

Registrar's No. 372

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 11 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Peach Orchard
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME JOHN RILEY RODGERS (ROGERS)

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 500-16-1392

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Married. Divorced from 1st wife

6. (b) Name of husband or wife Ida Leona Williams (second wife)

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

7. Birth date of deceased Jan. (Month) 14, (Day) 1879 (Year)

8. AGE: Years 64 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name William Yancy Rodgers
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Margaret Ellen Brooks
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield Cem., Clarkton, Mo.

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri

19. (a) Dec 12-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1943 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec. 12, 1943, 19 , to Dec. 13, 1943, 19 ; that I last saw him alive on December 13, 1943, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Cerebral

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

97

Major findings:
Of operations

Of autopsy

Duration

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address 408 N First Farmington, Mo. Date signed 12-15-43

1196 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 144-3131
Date Filed 1-5-44

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 [signature]

Licensed Embalmer No. 4084

P. O. Address Farmington 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.