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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1894

Registration District No. Primary Registration District No. 1000 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: Home-Kirksville, Mo. R. R. No. 1
(d) Length of stay: In hospital or institution Life
In this community years, months or days

3. (a) PRINT FULL NAME Albert N. Rogers
(b) If veteran, name war
(c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 28 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 21
If less than one day hr. min.

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

10. Usual occupation Service Station Owner

11. Industry or business

12. Name Lewis Rogers
13. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Tobitha Seamester
15. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Rogers
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director
(b) Address Kirksville, Missouri

19. (a) 1/22/44 (b) Dr. J. W. Wagoner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(d) Street No. R. R. No. 1
(e) Citizen of foreign country? No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1944 hour 11:25 minute P: M.

21. I hereby certify that I attended the deceased from 19 Jan 1944 to Jan 19 1944
that I last saw him alive on Jan 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac failure
Due to Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature Spencer L. Freeman M.D.
Address Kirksville, Mo Date signed 1/20/44

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

MOTHER FATHER

1047

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1947

AUG 14 1950

RECEIVED

District Health Officer No. 10

District File Number 2-44-304

Date Filed FEB 5 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 J. E. Riley

Licensed Embalmer No. 4181

P. O. Address Hicksville 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.