

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27219

FILED SEP 14 1944

Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 186

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)

In this community 8 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County boone ⁵⁸

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

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

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

3. (a) PRINT FULL NAME Rogers, Frank Allen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced _____

(b) Name of husband or wife Rogers, Thanna Viola

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 12 (Month) 4 (Day) 1874 (Year)

8. AGE: Years 69 Months 7 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation odd jobs

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph S. Rogers

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

14. Maiden name Martha Jane Day

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

16. (a) Informant Clauette Backstrom

(b) Address 2 North Garth, Columbia, Mo.

17. (a) Burial (b) Date thereof Aug 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bucklin Mo.

18. (a) Signature of funeral director Person Funeral Service

(b) Address Bucklin, Mo.

19. (a) 8-2-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-24-44
1944 to 8-1-1944
that I last saw him alive on 8-1-1944
and that death occurred on the date and hour stated above.

Immediate cause of death possible pneumonia ²⁷⁷

Duration _____

Due to aspiration through
Flaccid tongue

Due to fracture of mandible
of carcinoma of mandible - jaw

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 452

Of operations _____

Of autopsy none granted

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? _____

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

23. Signature Nathaniel D. King (M. D. or other) M.D.

Address Mo. State Co. Hosp. Date signed 8/1/44

1250 (Licensed Embalmer's Statement on Reverse Side) Columbia

RECEIVED

District Health Officer, No. 9,

District File Number.....

Date Filed

9-13-44

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.....

Licensed Embalmer No. 4037

P. O. Address.....

Bucklin, 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.