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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1944

Registration District No. 157

Primary Registration District No. 3023

Registrar's No. 173

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all his life
years, months or days

3. (a) PRINT FULL NAME Harold Eugene Roger

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 11 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 6 25 hr. min.

9. Birthplace Clinton mo mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Rosa N. Roger

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

14. Maiden name Jessie Hanson

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

16. (a) Informant Jessie Roger

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 10 8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Bur

18. (a) Signature of funeral director Consohr & P...

(b) Address Clinton mo

19. (a) Oct 7, 1944 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton mo 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 117 W Henry
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 th
year 1944 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Oct 2 1944 to Oct 6 1944
that I last saw him alive on Oct 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Streptococci 5 days
infection of throat 5 days
tonsillitis

Due to _____

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

Major findings: 115k

Of operations _____

Of autopsy _____

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 R. J. Powell M. D. (Other) _____
Address 128 1/2 So Main Date signed 10/7/44

1664

Licensed Embalmer's Statement on Reverse Side

Clinton mo

JUN 9 1958

RECEIVED

District Health Officer No. 7;

District File Number 10-44-1290

Date Filed 11-8-54

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clenton Ms

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.