S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34885

State File No.

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 40

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville (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)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 4 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville 72 (If outside city or town limits, write "RURAL")

(d) Street No. 6 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Rogers.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Maratha Rogers.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec. (Month) 21 (Day) 1876 (Year)

8. AGE: Years 68 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Russellville (City, town, or county) ark 1 (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name John Rogers.
13. Birthplace unknown. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Laura Martin
15. Birthplace unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Otho Martin

(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Noel C. Dean

(b) Address Portageville, Mo.

19. (a) 10-22-44 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22 year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from —, 19__, to —, 19__; that I last saw h— alive on —, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death No. Medical attendant

Due to reg all record death was due to

Apoplexy.

Due to

Other conditions 83a (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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) No

(b) Date of occurrence No

(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 Leo Hedgepeth Deputy Coroner (M. D. or other)

Address New Madrid, Mo. Date signed 10-22-44

1369 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1144-1516
Date Filed 11-10-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.