S. No. 2
M—8-43
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 10 1945

Registration District No. 30

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5180

State File No. 40786

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Camden
(b) City or town: ~~Eldridge~~ Eldridge Warren Twp
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Gen Del
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Home life (Specify whether years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Camden
(c) City or town: Eldridge Warren Twp
(If outside city or town limits write "RURAL")
(d) Street No.: Gen Del
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ii

3. (a) PRINT FULL NAME: John William Rogers
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minnie
6. (c) Age of husband or wife if alive: (?) years
7. Birth date of deceased: March 30 (?) 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 14 If less than one day hr. min.

9. Birthplace: Camden Co (City, town, or county) mo U (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: George Rogers
FATHER 13. Birthplace: (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name: Lucinda Rogers
MOTHER 15. Birthplace: Camden Co (City, town, or county) mo (State or foreign country)
16. (a) Informant: Joe Rogers
(b) Address: Eldridge mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 16-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Grove Cem
18. (a) Signature of funeral director: Bankson-Woolery
(b) Address: Camdenton, Mo
19. (a) Dec 29 1944 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1944 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec. 1942 to Dec. 14 1944 that I last saw him alive on Nov. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Interstitial emphysema chronical — Duration: 2 yrs.
Due to:
Due to:
Other conditions: None (Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: None

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: E. G. Cleeberg M.D. (Official title or other)
Address: Camdenton, Mo. Date signed 12-29-44

1327

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Office No. 7,
District File [illegible] 12-44-1521
Date Filed 1-12-45

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 Ollie Dawkins Woolery

Licensed Embalmer No. 2488

P. O. Address Carrollton Miss

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.