138

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41573

FILED JAN 9 1946

Registration District No. 16 Primary Registration District No. 3032 Registrar's No. 119 120

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution 15 Min (Specify whether
In this community 15 Min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 51

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

(d) Street No. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Janet Denise Rodgers

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fem.

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 Dec. (Month) 15 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Myron H. Rodgers
13. Birthplace Sedalia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ethel Dinwiddie
15. Birthplace Sedalia (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Myron H Rodgers
(b) Address 309 Clark Warrensburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) 12-17-45 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 12-15-45, 19 to 12-15-, 1945
that I last saw her alive on 12-15-45, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral injury incurred during birth	15 min
Due to Dystocia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

160

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 [signature] Mo (M. D. or other)
Address Warrensburg Mo Date signed 12-17-45

(Licensed Embalmer's Statement on Reverse Side)

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. Earl Priest.....

Licensed Embalmer No.....3878.....

P. O. Address.....Warrensburg, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 120

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 209 Clark
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Janet D Rodgers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 15, 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 15 min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Savannah Mitchfield (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month day year hour minute 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	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

41573