No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. A 39408

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 143

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada (If outside city or town limits, write "RURAL") 1
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Jefferson 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~~ W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 13 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
91	5	21	hr. min.

9. Birthplace Garrard Co. (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Joseph Rogers
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Eileen Stewart
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Robert F. Rogers
(b) Address Nevada Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Magee Cemetery
18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada
19. (a) 12-3-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3 year 1946 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 31, 1946 to Nov 3, 1946 that I last saw him alive on Nov 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture intertrochanteric left hip — Duration 4 days
Due to: Fall while in home
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) accident
(b) Date of occurrence 30 Nov 46
(c) Where did injury occur? Nevada (City or town) Vernon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Roy W. Pierce (M. D. or other) MD
Address Nevada Mo Date signed 12-2-46

331

(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 Me

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

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.