

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1947

Registration District No. 128

Dr. Pickens
Primary Registration District No. 5465

State File No. 874

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Eliza B. Rogers**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt. 2 - East Division, Springfield, Mo.
(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 **Lifetime** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**

(c) City or town **R. 2 Box 810**
(If outside city or town limits, write "RURAL")

(d) Street No. **East Division, Rt. 2**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Eliza B. Rogers**

3. (b) If veteran, name war

3. (c) Social Security No. **Yes**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Margret**

6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **March 5 th. 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	10	15	hr. min.

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

10. Usual occupation **Water Maintenance Employee**

11. Industry or business **Springfield Water Co.**

12. Name **Ely Rogers**

13. Birthplace **???? Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Smith**

15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herl Rogers**

(b) Address **Rt. 2, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **1-22, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **W. L. Dunn**

(b) Address **Springfield, Mo.**

19. (a) **1-22-47** (b) **W. S. Handy md.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** **20** th. **1947**
year **1947** hour **10** minute **25** A. M.

21. I hereby certify that I attended the deceased from **1-17** 19**47** to **1-20** 19**47**
that I last saw **her** alive on **1-17** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial insufficiency NOS**

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: **93E**

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?

While at work? (Specify type of place)

(c) Means of injury

23. Signature **E. P. ...** Date signed **1-22-47**

Address

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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 *D. H. McCann*

Licensed Embalmer No. 2727

P. O. Address *Springfield 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.