

No. 2  
-12-45  
5-17-39  
I X47070

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

FILED JUL 23 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 6070

Registrar's No. 236

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Knoblick, Mo.**  
(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 **lifetime** years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Hellen Belle 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 **W**

6. (b) Name of husband or wife **E. L. Rodgers** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 24, 1856**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **9** Days **19** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Valley Forge Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry, or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John A. Snyder** 9

13. Birthplace **don't know** 9

14. Maiden name **Lucinda Caroline Blackburn**

15. Birthplace **N. Carolina** 1

16. (a) Informant **Mrs. L. B. Johnson**

(b) Address **Farmington, Missouri**

17. (a) **b** (b) Date thereof **7-16-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knoblick, Mo**

18. (a) Signature of funeral director **C. H. Cozean**

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

19. (a) **7-16-47** (b) **Ether Reddy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**  
year **1947** hour **6** minute **45** p. M.

21. I hereby certify that I attended the deceased from **July 1**, 1947 to **July 13**, 1947

that I last saw her alive on **July 12**, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **1 week**

Due to **Fracture of Right Pelvis** 1 mo.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **no** 186 10

PHYSICIAN: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature **L. M. Stanley** (M. D. or other) **MD**

Address **Farmington, Mo** Date signed **7/14/47**

RECEIVED

District Health Officer No. 4

District File Number 247-952

Date Filed 7-21-47

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Mellie Harter

Licensed Embalmer No. 2969

P. O. Address Washington 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.