

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 20 1947
Registration District No. 380

Primary Registration District No. 6029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town North Logan
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

(c) City or town Reynolds
(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 MARSHALL W. ROGERS

3. (b) If veteran, name war WORLD WAR 2

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1947 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

Immediate cause of death _____
Due to Multiple fracture of skull hemorrhage
Due to Dual wheel of Truck passing over head
Due to _____

7. Birth date of deceased May 10 - 1923
(Month) (Day) (Year)

8. AGE: Years 24 Months 11 Days 23
If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

Due to _____

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

10. Usual occupation Truck Driver

Major findings: _____
Of operations _____

Of autopsy none

11. Industry or business _____

12. Name Marshall Rogers

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

14. Maiden name Lezzie

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 090

(b) Date of occurrence May 3 - 1947 11:40 P.M.

(c) Where did injury occur? Reynolds Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
County B. Grass to Market Road
(Specify type of place)

While at work? No (e) Means of injury _____

16. (a) Informant Mrs Lezzie Lane

(b) Address Celington Mo

17. (a) Reynolds (b) Date thereof 5-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redford Mo.

23. Signature J. P. Rytle 2 Coroner
(M.D. or other) _____
Address Centerville Mo Date signed 5-4-47

18. (a) Signature of funeral director Phil A. Leichel

(b) Address Celington Mo

19. (a) Nov. 5 - 47 (b) Essie Evans
(Date received local registrar) (Registrar's signature)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 1147642

Date Filed 11-19-47

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 5-4-47

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

Signed Phil A. Lenebel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.