

No. 2  
-8-43  
5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7753**  
Registrar's No. **23**

Registration District No. **27**

Primary Registration District No. **3005**

1. PLACE OF DEATH:  
Bates  
(a) County **Butler**  
(b) City or town **Butler**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Butler Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Bates**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. #1 Butler, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Carol Sue Rogers**  
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 **June 10 1947**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **8** Days **5**  
If less than one day hr. **---** min. **---**

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

10. Usual occupation **Baby**

11. Industry or business **-----**  
12. Name **Keith G. Rogers**  
13. Birthplace **Butler, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nadine McGuire**  
15. Birthplace **Butler Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Nadine Rogers**  
(b) Address **R.F.D. #1 Butler, Missouri**  
17. (a) **Burial** (b) Date thereof **2 - 17 - 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **Culver-Underwood**  
(b) Address **Butler, Missouri**  
19. (a) **2-18-48** (b) **Hendall Kersey**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **February** day **15**  
year **1948** hour **4** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Feb 13 1948** to **Feb 15 1948**  
that I last saw her alive on **Feb 15 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Enteritis**  
Duration

Due to **Status Lymphaticus**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **64**  
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) (e) Means of injury  
23. Signature **Carol S. Rogers** (M. D. or other) **MD**  
Address **Butler Mo** Date signed **2/18/48**

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 2-48-301  
Date Filed 3-26-48

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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.....

*John G. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler 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.