

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

X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **123602**

FILED MAY 6 1948

Registration District No. **277**

Primary Registration District No. **3052**

Registrar's No. **123**

1. PLACE OF DEATH:

(a) County **Pettis**

(b) City or town **Sedalia**

(c) Name of hospital or institution:
Bothwell Memorial Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **60 Years** (Specify whether years, months or days)

In this community **60 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **NOAH M. ROGERS**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M.** Color **W.**

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

6. (b) Name of husband or wife **Lora May**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **June 9, 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **13**

If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Henry Rogers**

13. Birthplace **Elizabeth Scott** (State or foreign country)

14. Maiden name **Roodhouse**

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

16. (a) Informant **Lora May Rogers**

(b) Address **323 N. Grand - Sedalia - Mo.**

17. (a) **Burial** (b) Date thereof **4 / 24 / 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CROWN HILL**

18. (a) Signature of funeral director **Geo. Pillard**

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

19. (a) **4/24/48** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**

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

(d) Street No. **323 N. Grand**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **22**
year **1948** hour **9:30 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **April 4th, 1948**
April 22nd, 1948
to **April 22nd, 1948**
that I last saw him alive on **April 22nd, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Dilatation of the Heart.**

Duration **Few**
minutes.

Due to **Uremia.** **18 days.**

Other conditions **Hypertensive Heart Disease** **5 yrs.**
Hypertrophied Prostate. **1 yr.**

PHYSICIAN

Major findings:
Of operations **Enlarged Prostate found when 1st Stage operation was done.**

Of autopsy **April 5th, 1948.**

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) **No accident.**

(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 **Thos. B. Carver M.D.** (M. D. or other) **M.D.**

Address **Sedalia Mo.** Date signed **4-23-48**

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

MOTHER FATHER

80
6
4
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-5-48

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.....

Frank S. Coffman Jr......, Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlon.....

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.