S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1951

State File No. 29370

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 274

0010 3

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Mile West on Hiway #6

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Clair 0360
d. STREET ADDRESS (If rural, give location): R. R. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Elver
b. (Middle): Dennis
c. (Last): Rogers

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 17, 1906
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Piper City, Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Owen Rogers
13b. MOTHER'S MAIDEN NAME: Lucia Tucker
14. NAME OF HUSBAND OR WIFE: Mildred Venute Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dennis Rogers, Jr. St. Clair, Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Electrocution — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 6 9145 6

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 001
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway (2 mile W of Kirksville Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Adair Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 8, 1951 5 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: High voltage wire fell on him

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5 02 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert B. Davis Coroner 3
23b. ADDRESS: Adair Co. Missouri
23c. DATE SIGNED: 10-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 10/13/51 10/9/51
24c. NAME OF CEMETERY OR CREMATORY: Anaconda WOODLAWN
24d. LOCATION (City, town, or county) (State): Anaconda, Missouri WOODLAWN, WOODLAWN, ILL.

DATE REC'D BY LOCAL REG.: 10-9-51
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul M. Riley Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 1 0 [redacted]
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1807
Date Filed: OCT 1 0 [redacted]

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Kollie Kessel

Licensed Embalmer No. 4690

P. O. Address Kirksville, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Franklin }

State File No. 24370
Local Registrar's No. 274

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of October, 1951, before me appears Mildred Rogers, who, upon her oath, states that the original record of ~~birth~~ death for Elver Dennis Rogers, ~~born~~ died Oct 8th, 1951, in the State of Missouri, and which was filed at Kirkville Mo on 10-9, 1951, should be corrected as follows:

Item No. 24a should read Burial

Instead of

Item No. 24b should read OCT. 13, 1951

Instead of

Item No. 24c should read WOOD LAWN CEMETERY

Instead of

Item No. 24d should read WOOD LAWN, ILLINOIS

Instead of

Item No. 25 should read C. L. EASTBURN, WATSEKA, ILL.

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mildred Rogers Relationship. Wife

RFD 2 - St. Clair, Missouri
Present Address.

Subscribed and sworn to before me this 31st day of October, 1951.

My Commission expires May 15, 1954 Elmer E. Cowan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951

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