

No. 2
-1/47
5-17-39

19205

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 555

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community all of life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John Oliver Rogers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Rogers 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased September 26, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 9 10 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John Harding Rogers

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

14. Maiden name Darcos Gruley

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

16. (a) Informant Clara Rogers

(b) Address Strafford RT. 2

17. (a) BURIAL (b) Date thereof 7-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEAR BLUFF

18. (a) Signature of funeral director J. W. KLIMBNER

(b) Address Springfield, Mo.

19. (a) 7-9-48 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural - Strafford 0
(If outside city or town limits, write "RURAL")

(d) Street No. Strafford Rt. 2 0
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-5-48 19, to 7-6-48 19,
that I last saw him alive on 7-6-48 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 2 days
Duration

Due to.....

Due to.....

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

Major findings:
Of operations 940

Of autopsy.....

PHYSICIAN
Underline the cause of 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?.....
(Specify type of place)

While at work?..... (e) Years of injury.....

23. Signature [Signature] (M. D. or other)

Address Springfield, Mo. Date signed 7-6-48

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

Signed _____

Licensed Embalmer No. 4071

P. O. Address _____

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.