

Y 13 1940

Registration District No. 486

Primary Registration District No. 4293

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Lincoln Mo
(b) City or town Ellettsburg Mo
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

8. (a) PRINT FULL NAME Ollis Lee Rogers 2nd
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Lukas Rogers (deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 11 1865
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Samuel Harriel
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary D. Harrison
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Harriel
(b) Address Ellettsburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Bl

18. (a) Signature of funeral director Walter Ashley
(b) Address Ellettsburg Mo

19. (a) 2-10-1940 (Date received local registrar) (b) Etta Powell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln
(c) City or town Ellettsburg (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1940 hour 1 minutes 0 M.
21. I hereby certify that I attended the deceased from April 27 to April 29 1940 that I last saw her alive on 8 P.M. April 24 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Senile
Due to _____
Due to Arteriosclerosis and high pressure
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 82W
Of operations _____
Of autopsy none

Duration 20 hours
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? 880
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. L. Powell (M. D. or other) _____
Address Ellettsburg Mo Date signed 4-30-40

WRITE FAINTLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 W W Brodeur
Licensed Embalmer No. 3966
P. O. Address Elbury

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, above space should be left blank.