

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 8

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

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. A. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Oak Grove
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rogers, Olive HENDLEY

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 Wed
6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name See Matthews
13. Birthplace Unknown
14. Maiden name Matthews
15. Birthplace Unknown

16. (a) Informant Robert Hentley
(b) Address 4238 E 54th St. E. Mo

17. (a) Burial (b) Date thereof 1/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director Blackman

(b) Address E. Mo

19. (a) Jan. 28, 1944 (b) F. M. Schuler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 9, 1944 to Jan 28, 1944;
that I last saw her alive on Jan 31, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Overdose of Duration _____
Insulin

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H68

Major findings: Of operations _____

Of autopsy _____

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? Yes

While at work? _____ (Specify type of place) (e) Means of injury Insulin

23. Signature F. W. Wetzel (M. D. or other) MD
Address Blue Springs Mo Date signed 1/28/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *H. D. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *H. C. 7th*

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.