

FILED FEB 16 1945
Registration District No. 169

Primary Registration District No. 5620

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina, rural - Liberty Twp
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Knox County 45 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Edina rural
(If outside city or town limits, write "RURAL")
(d) Street No. One Mile Southeast of Edina, Liberty Twp
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Ellen Rogers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Orvie Rogers 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan - 29 - 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Taylor Dean
13. Birthplace uk Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martha Margaret
15. Birthplace uk uk
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Orville Dodd
(b) Address Columbia, Missouri

17. (a) Burial (b) Date thereof Jan-31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Novelty Missouri

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri

19. (a) 2-3-46 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 26
year 1945 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 25, 1945, to Jan 26, 1945;
that I last saw her alive on Jan 26, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature S. J. Breckenfeld (M. D. or other) D.O.
Address Edina, MO Date signed 1/21/45

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

1142

FEB 23 1945

RECORDED
District Health Officer No. 10
District File Number 2-45-356
Date Filed FEB 14 1945

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

Keith Hudson

Licensed Embalmer No.

2415

P. O. Address

Edina, Missouri

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.