

Registration District No. 27

Primary Registration District No. 3205

State File No. _____

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Belle Rogers
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Otto C. Rogers
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased: April 28 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months I Days 15
If less than one day _____ hr. _____ min.

9. Birthplace Bates County Missouri A
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Isaac Hill
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Blankenbaker
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.V. Johnson
(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 6-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Creath & Sif

(b) Address Adrian Mo.

19. (a) 06/15 (b) Pauline Livingston
(This occurs at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1945 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 10, 1945 to June 12, 1945.
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Toxic Myocarditis
Due to Toxic Hyperthyroidism
Due to chr. Generalized
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy W. S. H.
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?

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

23. Signature Charles W. Luley (M. D. or other) MD
Address Butler, Mo. Date signed 6/15/45

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

RECEIVED

7-16-45

6-45-618

Date Filed

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 Paul

Fred J. Loeath # 3343

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Adrian Mc

Licensed Embalmer No. 3650

P. O. Address Adrian Mc

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.