

**FILED** SEP 13 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. **5478**

Registrar's No. **372**

1. PLACE OF DEATH: **Grundy**

(a) County **Grundy**

(b) City or town **Trenton - Rural - Marion TWP**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **Lifetime** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Grundy**

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

(d) Street No. **Marion Township** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Irena C. Flogg**

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 **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased **February 28 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>6</b>	<b>1</b>	hr. _____ min. _____

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

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

12. Name **Dave Barr**

13. Birthplace \_\_\_\_\_ **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Chrismon**  
(City, town, or county) (State or foreign country)

15. Birthplace **Laredo Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Otho Elliott**  
(b) Address **Trenton Mo**

17. (a) **Burial** (b) Date thereof **Aug 31 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill**

18. (a) Signature of funeral director **E. J. Robertson Funeral Home**  
(b) Address **Laredo Mo.**

19. (a) **Aug. 31, 45** (b) **E. J. Robertson**  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **29** day **August**  
year **1945** hour **2:00** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug 15**  
**Aug 15** 19**45** to **Aug 29** 19**45**  
that I last saw him alive on **Aug 20** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**

Due to **arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **A**

Of autopsy **no**

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 **D. Thomas** (M. D. or other) \_\_\_\_\_

Address **Laredo Mo** Date signed **8.29**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

40  
00

133W

43

**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..... *John M Robertson*.....  
Licensed Embalmer No. *4388*.....  
P. O. Address. *Lorede Mo.*.....

**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.**