

FILED JAN 13 1947

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 405

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence, 611 South Hayden  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 South Hayden  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Virlanda Ann Rogers

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 John C. Rogers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 8, 1916 1858  
(Month) (Day) (Year)

20. DATE OF DEATH: Month December day 25  
year 1946 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 20 to Dec 25 1946  
that I last saw him alive on Dec 24 1946  
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

Immediate cause of death Cerebral hemorrhage  
Due to Senility  
Duration 4 days

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 43A  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature: [Signature] (M: D. or other) \_\_\_\_\_  
Address: [Address] Date signed: 12/21/46

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

40163

MOTHER FATHER

12. Name John F. Hall  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Eliza Ann Jefferies  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Saxbury  
(b) Address 611 South Hayden Hannibal Mo.

17. (a) Burial (b) Date thereof 12/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kinderhook

18. (a) Signature of funeral director [Signature]  
(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-26-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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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 *W. Crawford Smith*.....

Licensed Embalmer No..... 7513814.....

P. O. Address..... Hannibal, 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.**