

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>East 3rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 3rd St.</u>		d. STREET ADDRESS (If rural, give location) <u>East 3rd St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Luttie Lutie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1949</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Rodgers</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18-1871</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	11. BIRTHPLACE (State or foreign country) <u>Forrest Green Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Beverly Maddox</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Lee</u>	
14. NAME OF HUSBAND OR WIFE <u>Mike Rodgers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>D. W. K. ...</u>		ADDRESS <u>7 Fayette, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  --- DUE TO (c) <u>diabetes mellitus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 yrs</u> <u>15 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1934</u> , to <u>Mar 25, 1949</u> , that I last saw the deceased alive on <u>Mar 24, 1949</u> , and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. L. ...</u>		23b. ADDRESS <u>Mo. Salisbury Mo.</u>	
23c. DATE SIGNED <u>Mar 29, 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 27-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/24/49</u>		REGISTRAR'S SIGNATURE <u>D. W. K. ...</u>	
515		FUNERAL DIRECTOR'S SIGNATURE <u>C. ...</u>	
ADDRESS <u>Salisbury</u>		no.	

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

21  
20

RECEIVED

District Health Officer No. 31

District File Number \_\_\_\_\_

Date Filed 4-7-49

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Chas. W. Weinberger

Licensed Embalmer No. 3842

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Salisbury, 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.