

FILED APR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 82

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

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:  
St. Elizabeth Hosp  
(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 Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR # 5  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jasper Lee Rodgers

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flsie Rodgers 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 6, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 10 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business XX

12. Marham Bower Rodgers

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Elizabeth Johnson

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Rodgers

(b) Address Mexico Missouri

17. (a) Burial (b) Date thereof 2/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Missouri

18. (a) Signature of funeral director W. J. Smith

(b) Address 902 Broadway Hannibal Mo

19. (a) 2-25-46 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22  
year 1946 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 22 1946  
to Feb 22 1946  
that I last saw him alive on Feb 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Liver abscess  
Due to Gall bladder disease  
Due to \_\_\_\_\_

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

Major findings: Infected Gall bladder  
Of operations 1270  
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) (2) Means of injury \_\_\_\_\_

23. Signature Dr. E. M. Lucke (M. D. or other) \_\_\_\_\_  
Address 1270 Broadway Hannibal Mo Date signed 2/24/46

**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 Crawford Smith  
Licensed Embalmer No. 3814

P. O. Address..... Hennibal 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:**