MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUN 9 1938

17276
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1973

(c) City Kansas City — (d) Street No. St. Josephs Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James J. Rogers 262

(a) Residence, No. 3619 Wabash St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20 1871

7. AGE: YEARS 66 — MONTHS 11 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

FATHER
13. NAME: Robert E. Rogerson 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Margaret Killian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Catherine Rogers, 3619 Wabash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Quirk & Tobin Company, Kansas City, Missouri

20. FILED May 12, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to May 11, 1938
I last saw him alive on May 11, 1938. Death is said to have occurred on the date stated above, at 8:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	5-9-38
Intestinal Obstruction	
1 2 3 4	

Other contributory causes of importance:

Chronic Myocarditis	5 years
operation for intestinal obstruction	

Name of operation: Date of operation: May 9, 1930
What test confirmed diagnosis? Exaction Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Milton B. Casebolt, M. D.
(Address) 1222 Realty Bldg K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

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_____

Licensed Embalmer No._____

P. O. Address_____

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, above space should be left blank.