

REC'D APR 17 1939

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

9557  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City 1 (d) Street No. 2601 Highland Registered No. 1163 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Arvilla Rogers  
 (a) Residence, No. 2601 Highland St.  (If nonresident, give city or town and State) 20  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Rogers (Dec)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1880  
 7. AGE YEARS 58 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Versailles Mo.

FATHER 13. NAME Levi Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

MOTHER 15. MAIDEN NAME Mary Jane Hannan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Mo.

17. INFORMANT (ADDRESS) Daniel L. Smith 633 Ann. R.C. Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3-16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros 2000 E. 12th

20. FILED Mar 18 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1939 to March 10 1939  
 I last saw her alive on Mar 10 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset  
59  
 Other contributory causes of importance:  
Diabetes mellitus

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Physicist as there an autopsy?

If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. O. Rouse  
 (Address) 2722 Prospect

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.

APR 16 1952

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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 Edw G Evans

Licensed Embalmer No. 3836

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.**