

399

1002

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify where)  
In this community 10 Years  
years, months or days

3. (a) PRINT FULL NAME Franklin Thaddeus Rogers

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Reba Rogers 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Feb 1 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Humboldt Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man  
11. Industry or business Kansas City Public Works

MOTHER FATHER { 12. Name Sandford Rogers  
18. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Garver  
15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Reta Rogers  
(b) Address 4501 Wornall Rd

17. (a) Removal (b) Date thereof 11-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humboldt, Kan

18. (a) Signature of funeral director Bergman Funeral Home  
(b) Address 4306 Millbrook Pky

19. (a) 11-5-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 4501 Wornall Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st  
year 1940 hour 12 minute 14 P. M.

21. I hereby certify that I attended the deceased from 10-31-40, 19\_\_\_\_, to 11-1-40, 19\_\_\_\_;  
that I last saw him alive on 11-1-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis with acute coronary occlusion of right coronary artery  
Due to coronary artery

Due to gulf

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Dr. R. Howell (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital, K.C. Date signed 11-4-40

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

**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

*Harry Bergman*

Licensed Embalmer No.

*2041*

P. O. Address

*Kan City 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, above space should be left blank.**