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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5824

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 596

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

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:
Colonial Rest Home 7611 Wornall Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Cloud 14
(c) City or town Aurora 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 -- years.

3. (a) PRINT FULL NAME Mr. Joseph M. Rodgers
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mrs. Ella S. Rodgers
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June (Month) 10 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	8	0	hr. min.

9. Birthplace Marysville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business --
FATHER
12. Name Charles Rodgers
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Rebecca Terhune
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Chas M Rodgers
(b) Address 4208 Charlotte
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia, Kansas
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2/10/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th year 1941 hour 12 minute 01 A. M.
21. I hereby certify that I attended the deceased from Feb 1, 1941, 19 , to Feb 10, 1941; that I last saw him alive on Feb 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Toxic absorbtion

Due to Focal infection H.S. tract & teeth

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

Major findings:
Of operations 93 D
Of autopsy 93 D

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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature L. Rowland (M. D. or other) R.O.
Address 3937 Main Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

3437 Main street
P-5

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 Earle M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kc Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.