

No. 2
4-13-40
5-17-39
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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17452

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2114

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

1. PLACE OF DEATH: **Jackson**

(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:
4202 Troost Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 Years**
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME **John W. 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 **Widowed**

6. (b) Name of husband or wife **Lucy S. Rogers**

6. (c) Age of husband or wife if alive **1866** years

7. Birth date of deceased **Oct. 27, 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	7	1	hr. min.

9. Birthplace **Lathrop, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney**

11. Industry or business _____

12. Name **W. M. Rogers**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Yocum**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Winifred Carpenter**

(b) Address **4202 Troost**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **5/31/41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **May 30 1941** (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 limits, write "RURAL")

(d) Street No. **4202 Troost Avenue**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
year **1941** hour **6:00** minute **25** P.M.

21. I hereby certify that I attended the deceased from **January 10 1941** to **May 28 1941**
that I last saw him alive on **May 28 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral haemorrhage**
Second attack occurred at 7 A.M. - May 28 - 1941

Due to **First attack January 10 - 1941**

Due to _____

Other conditions **None**
(Include pregnancy within 4 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

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? _____

Was at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Eugene Carlsburg** (M. D. or other) _____
Bryant Bledsoe _____
Address _____ Date signed **5-29-41**

AUG 26 1941

The Empress Embalming Co.

V.I. 8530

Burial 2-6

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

Lawrence J. Chiles

Licensed Embalmer No. 3473

P. O. Address 80260

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.