

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital #2  
(d) Length of stay: In hospital or institution 9-9-41-9-18-41  
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(d) Street No. 1627 Tracy 8  
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME ELIZABETH ROGERS  
3. (b) If veteran, name war  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 18  
year 1941 hour 1 minute 44 p.e.M.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 11 20 1870

21. I hereby certify that I attended the deceased from September 9 1941 to September 18 1941  
that I last saw her alive on September 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

8. AGE: Years 70 Months 9 Days 1828

Due to Malignancy in the abdomen with metastasis time determined

9. Birthplace 12 out Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Day worker

Due to and post operative shock  
Other conditions n.m.o

11. Industry or business maid  
12. Name Deceased  
13. Birthplace 12 out Mo (City, town, or county) (State or foreign country)  
14. Maiden name Deceased  
15. Birthplace 12 out Mo (City, town, or county) (State or foreign country)

Major findings: Of operations 552  
Of autopsy

16. (a) Informant Record Clerk  
(b) Address General Hospital #2  
17. (a) Burial, cremation, or removal (b) Date there of 9-22-41  
(c) Place: burial or cremation Blue Ridge Cem  
18. (a) Signature of funeral director Fred Brown  
(b) Address 9/22/41  
19. (a) (Date received local registrar) (b) M. M. Crow (Registrar's signature)

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) (Means of injury)  
23. Signature O. O. Shuman (M.D. or other) 0  
Address Date signed

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

MOTHER FATHER

8300

**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

*L. P. Harris, Sr.*  
.....  
Licensed Embalmer No. *3388*

P. O. Address *K. C. 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, fact should be so stated above.**