S. No. 2
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I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9850

FILED APR 25 1942

Registration District No. 3429 Primary Registration District No. 1002 Registrar's No. 1422

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: 3738 Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 10 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3738 Baltimore
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME Mary Anna Rogers.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex 1 Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. D. Rogers
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Mch (Month) 27 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	0	12	hr. min.

9. Birthplace Stanley (City, town, or county) Kansas. 1 (State or foreign country)
10. Usual occupation Housekeeper-Retired
11. Industry or business
FATHER
12. Name Walter Davidson
13. Birthplace (City, town, or county) Ohio 1. (State or foreign country)
MOTHER
14. Maiden name Sarah Noel
15. Birthplace (City, town, or county) unknown. 9 (State or foreign country)
16. (a) Informant Walter D. Rogers
(b) Address 3738 Baltimore
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 4 (Month) 9 (Day) 42 (Year)
(c) Place: burial or cremation Stanley Kansas.
18. (a) Signature of funeral director H. E. Julien
(b) Address Olathe Kas.
19. (a) 4-9-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1942 hour 2 minute 50 a.m.
21. I hereby certify that I attended the deceased from 21st March 1942 to 9th April 1942;
that I last saw her alive on April 8th 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute cervical cellulitis	2 days
Due to Senility 15 y	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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
23. Signature Donnavan D. Ruding (M. D. or other)
Address 3527 Broadway KC Mo. Date signed 4-9-42

(Licensed Embalmer's Statement on Reverse Side)

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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 H. E. Julien

Licensed Embalmer No. 2042

P. O. Address Olathe Kas.

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.