

FILED JUL 2 1940

Registration District No. 71

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
302 North Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community about 11 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME William Rogers

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced, Widowed

(b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 25 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perrin Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown 9 (City, town, or county) (State or foreign country);  
14. Maiden name unknown  
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Marie Melling  
(b) Address Excelsior Springs, Mo.

17. (a) Permit 21 (b) Date thereof 6-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director Claudius Richard

(b) Address Excelsior Springs, Mo.

19. (a) 6-26-43 (b) Mrs. Ida Redman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24  
(c) City or town Excelsior Springs 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 North Main  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 42  
year \_\_\_\_\_ hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 9-1940  
\_\_\_\_\_ 19 \_\_\_\_\_ to June 24 19 43  
that I last saw him in alive on June 3- 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage  
depression of 4th ventricle 1940

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 83a

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. M. Leschen (M. D. or other) MD.  
Address Excelsior Springs, Mo Date signed 6/25/43

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 7-1-43

*Handwritten notes:*  
1158 117 118 119 120

*Handwritten notes:*  
107 111 112 113 114 115 116 117 118 119 120

*Handwritten notes:*  
121 122 123 124 125 126 127 128 129 130

*Handwritten notes:*  
PS 8 PP  
131 132 133 134 135 136 137 138 139 140

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

*Handwritten signature:* Robert Ray

Licensed Embalmer No. 4182

P.O. Address

*Handwritten address:* Excelsior Spgs, 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.