

FILED MAY 5 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1848

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:  
Mary Rest Home - 3215 Campbell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution six weeks  
(Specify whether years, months or days)

In this community 20 years

3. (a) PRINT FULL NAME Sarah Gertrude Rodgers

3. (b) If veteran, name war --

3. (c) Social Security No. none

4. Sex Fe.

5. Color or race Wh.

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Jesse

6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased July 10 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

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

MOTHER FATHER { 12. Name Sebastian S. Sarver

13. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse E. Bridgman

(b) Address 815 West 13th Street

17. (a) burial (b) Date thereof 4-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost

19. (a) 4-27-44 (b) J. E. 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. 3215 Campbell  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1944 hour 10:15 minute 4 M.

21. I hereby certify that I attended the deceased from Feb. 2-4, 1944 to April 25, 1944 that I last saw alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia

Bronchial

Due to myocarditis chronic

Due to senility

Other conditions 93h  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy ✓

Duration 59a-

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Mary J. Lower (M. D. or other) \_\_\_\_\_

Address 4116 Walnut Date signed 4-27-44

361

4116 Walnut

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 Ernie Buffington  
Licensed Embalmer No. 27206  
P. O. Address KC 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.