

FILED SEP 22 1944

Registration District No. **149**

Primary Registration District No. **1002**

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:
5331 Highland (Little Sisters of the Poor, 5331 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 8 Months
(Specify whether
In this community 40 years 5
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **47**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME ZARA ROGERS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Minnie Rogers 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 4 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 0 28 hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (20 Years)

11. Industry or business Carpenter

12. Name Joshua Rogers

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Lyde

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Velma Rogers

(b) Address 3432 East 6th

17. (a) Burial (b) Date thereof Sept 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's
Church in Lincoln

18. (a) Signature of funeral director St. Mary's

(b) Address 20 West Linwood

19. (a) 9-5-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Sept
year 1944 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from July
1944 to Sept 2 1944, 1944;
that I last saw him alive on Sept 2 1944, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Throat

Due to 458

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

Duration

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 Dr. John T. Skinner (M. D. or other) M. D.
Address 1402 Bryant Bldg. Date signed 9/2/44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.