

2  
-43  
-39  
23565

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

FILED FEB 6 1945  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**50 5902 Cherry**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Artha Rogers**  
3. (b) If veteran, name war **no.**  
3. (c) Social Security No. **unknown**

4. Sex **fe** 5. Color or race **XW** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Richard Rogers** 6. (c) Age of husband or wife if alive **43** years  
7. Birth date of deceased **March 13, 1907**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **10** Days **3** If less than one day hr. min.

9. Birthplace **Hartford Conn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **W Nickles Y. Jones**  
13. Birthplace **North Carolina**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dina Leach**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gladys Z. Freeman**  
(b) Address **127 So. Wheeling**  
17. (a) **Burial** (b) Date thereof **1/19/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenlawn Cem.**

18. (a) Signature of funeral director **H. Tigerman & Sons**  
(b) Address **K. C. MO.**

19. (a) **1-18-45** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Jackson** **47**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **5902 Cherry**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **(?)**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **16**  
year **1945** hour **approx 3:00** minute **P** M.

21. I hereby certify that I attended the deceased from **19** to **19**  
that I last saw him alive on **Coroner**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Severing of both jugular veins + arteries of neck**  
Due to **200 C**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **History + Inspection**  
Of autopsy **swt**

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) **Don't know at present**  
(b) Date of occurrence **1-16-45**  
(c) Where did injury occur? **5902 Cherry St. C. Jackson, Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**about home**  
While at work? **no** (Specify type of place) (e) Means of injury **Razor**  
23. Signature **James Walker** (M. D. or other) **9**  
Address **1944 Poplar St. Mo.** Date signed **1-18-45**

---

---

**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 J. S. Waltons  
Licensed Embalmer No. 27744  
P. O. Address R. C.

**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.**