DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1402

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 288

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: 5902 Cherry (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 5902 Cherry (If rural, give location) 8

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Richard Rogers

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife Aretha M. Rogers.

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 4, 1901 (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Fort Worth Texas (City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business

FATHER
12. Name Julius F. Rogers
13. Birthplace England (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Francis Morrow
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Lewis

(b) Address Fort Worth Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

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

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 h Coroner, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Severing of left jugular vein + right jugular vein + artery

Due to

Due to 2-00 C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations History + Inspection

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) Don't know at present

(b) Date of occurrence 1-16-45

(c) Where did injury occur? 5902 Cherry K.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 (Specify type of place)

While at work? no (e) Means of injury Razor

23. Signature James C. Walker 3 (M. D. or other) Coroner

Address 1424 Profrm Bldg Date signed 1-18-45

(Licensed Embalmer's Statement on Reverse Side)

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. L. Walters

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.