

S. No. 2  
M-5-43  
7-5-17-39  
I X3667

FILED OCT 1 1945  
149

Registration District No. \_\_\_\_\_

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:  
2912 1/2 East 31 Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *HR*

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

(d) Street No. 2912 1/2 East 31 Street *8*  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William F. ROGERS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male *0*

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Rogers

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 2 nd, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Louisburg Kan. *1*  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Roofing and Siding

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 Mrs. Gertrude Rogers

(b) Address 2912 1/2 East 31 Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/45  
(Month) (Day) (Year)

(c) Place: burial or cremation Louisburg, Kan.

18. (a) Signature of funeral director Hellody-McGilley-Ev ar

(b) Address 1600 Linwood Blvd. K.C. Mo.

19. (a) 9-21-45 (Date received local registrar) (b) E. Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 th  
year 1945 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

CORONER

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

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

Other conditions 94a  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Of autopsy no  
Hestley & Inspectors

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 Jesse C. Walker (M. D. or other)  
Address 18424 1/2 Date signed 9-20-45

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

**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

*Elmer E. Beck*

Licensed Embalmer No.

*4063*

P. O. Address

*Kansas City 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.**