

S. No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9357

State File No.

FILED APR 1 1941

Registrar's No. 1252

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 3119 E. 19th Tenace 9
(If not in hospital or institution, write street number or location)

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

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. 3862 Charlotte Street
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. Kathryn Louise Rogers

3. (b) If veteran, name war No

3. (c) Social Security No. 496-16-3931

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1947 hour 10 minute 50 P.M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WILHIE CARL ROGERS

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased MARCH 23 1921
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Arterial Stenosis Duration _____

8. AGE: Years Months Days 25 11 23²² If less than one day hr. _____ min.

Due to Patent Foramen Ovale

Due to _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupations STENOGRAPHER LAKE CITY

Major findings: 1572

11. Industry or business ARSENAL

Of operations _____

12. Name JAMES LEON JACKSON

Of autopsy See Above

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

14. Maiden name BRANCHIE PIERSON

15. Birthplace MARSHALL COUNTY KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Carl Board

(b) Address 3862 Charlotte, K.C., Mo.

17. (a) BURIAL (b) Date thereof MAR. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORA W. HILLS C.E.M.

18. (a) Signature of funeral director D. F. Newcomer

(b) Address 1401 Branch Creek Blvd.

19. (a) 3-18-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 work) (a) Means of injury _____

23. Signature W. E. Upsher (M. P. of _____)

Address 2800 Main Date 3/18/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Carl Papp

Licensed Embalmer No. 3458

P. O. Address K.C. 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.