S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24352

FILED AUG 7 1947

Registration District No. 1

Primary Registration District No. 1002

Registrar's No. 3106

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: 3336 Gillham Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 yrs. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3336 Gillham Rd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ABRAHAM ROGERS

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M O

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Unknown (Month) (Day) 1880 (Year)

8. AGE: Years 67 | Months | Days | If less than one day ... hr. ... min.

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

10. Usual occupation Shoe Merchant

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Rose

(b) Address 323 Brush Creek

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/47 (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J.P.Louis Funeral Home

(b) Address 3400 Woodland Ave.,K.C.,Mo.

19. (a) 7-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 1947, 1947 to July, 1947 that I last saw him alive on June 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart Disease - Acute	2 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause of 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 0

23. Signature [illegible] (M. D. ~~or other~~)

Address 1112 Bryant Bldg Date signed 7/21/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 3110

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.