

No. 2
2-45
17-39
X47070

LED NOV 24 1947

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buckhannon
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 10 mos. 6 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS ROGERS.
3. (b) If veteran, name war unk 3. (c) Social Security No. unk

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased 8-7-1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 8 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Carpentry

12. Name Z. A. Rogers

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

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jackson County Court

(b) Address Independence, Missouri

17. (a) R + Burial (b) Date thereof 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keokville Mo

18. (c) Signature of funeral director Ph. Joseph
(b) Address Ph. Joseph

19. (a) 11-19-47 (b) W. G. Jenkins
(Date received local registrar) (Registry signature)

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. 2605 Rochester
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 1947 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 10-29-1947 to 11-15-1947
that I last saw him alive on 11-14-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of neck
Due to Carcinoma of lip
Duration 3 months
3 years

Other conditions Syphilis and Psychosis
(Include pregnancy within 3 months of death) 7 years

Major findings:
Of operations 459
Of autopsy 459
PHYSICIAN

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 0

23. Signature Farnest Thomas (M. D. or other)
Address State Hospital No. 2 Date signed 11-15-47

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

MOTHER FATHER

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.....

Charles M. Egan....., Registered Apprentice No. *450*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph*

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.