. S. No. 2
M—1/47
. 5-17-39

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

48
4
4

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5201

FILED MAR 9 1948

Registration District No. 1 4 6

Primary Registration District No. 3026

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence, 1116 W. Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2½ months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. 1116 W. Elm 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME William Harry Rodgers

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 490-09-2275

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jadie Mae Rodgers (deceased)

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

7. Birth date of deceased Feb. 2 (Month) 1879 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	0	20	..... hr. ..... min.

9. Birthplace Jackson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business .....

FATHER
12. Name Josiah Rodgers
13. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Leake
15. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada B. Doty
(b) Address 1116 W. Elm, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo G Carson
(b) Address Independence, Mo.

19. (a) 2-24-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1948 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from ....., 19....., to Feb 22, 1948;
that I last saw him alive on Feb 22, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	sudden
Due to Lobar Pneumonia	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death): Malnutrition - due to gastric resection & gastro enterostomy for gastric ulcer	6 yr.

Major findings:
Of operations .....
Of autopsy As above
Lobar Pneumonia

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 J C Hickerson (M. D. or other)
Address Independence Mo Date signed Feb 23

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 18 1948

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 Richard L. Shorten, Registered Apprentice No. 423, working under my personal supervision.

Signed R. A. Leslie

Licensed Embalmer No. 4123

P. O. Address Independence, 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.