S. No. 2
M—1/47
. 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. 12856

FILED APR 17 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1496

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: K.C.T.B. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 mos - 4 day (Specify whether years, months or days)
In this community: 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 909 E 16TH ST 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: ROGERS, RICHARD
3. (b) If veteran, name war: NO
3. (c) Social Security No. 443-09-3856
4. Sex: Male
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced (circle one)
6. (b) Name of husband or wife: VIOLA ROGERS
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: MARCH (Month) 13 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
49 1	0	12	hr. min.

9. Birthplace: CORSICANA (City, town, or county) TEXAS (State or foreign country)
10. Usual occupation: LABORER COMMON
11. Industry or business:
FATHER 12. Name: ROGERS, HENRY
13. Birthplace: TEXAS (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: MCCULLEN, EMMA
15. Birthplace: TEXAS (City, town, or county) (State or foreign country)
16. (a) Informant: K.C.T.B. HOSPITAL
(b) Address: LEE'S, MISSOURI
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Westlawn K.C. Mo.
18. (a) Signature of funeral director: Mrs. J. H. Jones K.C. Emb & Casket Co.
(b) Address: 440 State Line
19. (a) 4-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25TH year 1948 hour 2:25 AM minute A.M.
21. I hereby certify that I attended the deceased from NOV 5-47, 19..., to 3-25-48, 19...; that I last saw him alive on 3-25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	14 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
23. Signature: William David May (M. D. or other) M.D.
Address: K.C. 3, Mo. Date signed

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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State ave. K.C. Kansas

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.