

S. No. 3000
OM-10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16493
State File No. _____
Registrar's No. 2377

Registration District No. 149

Primary Registration District No. 1001

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
In this community 7 hrs.
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. 819 E. 11th.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Ann Rogers
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14th
year 1948 hour 8 minute 35 AM.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14 1948, to May 5-14 1948,
that I last saw him alive on 5-14 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 7 hr. 6 min.

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

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

Major findings: Of operations _____
Of autopsy None

10. Usual occupation infant

11. Industry or business _____

12. Name Frank Rogers

13. Birthplace St. Louis Missouri Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sakawa Virginia Holliday

15. Birthplace Rock Port Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Registered Clerk

(b) Address 112 E. 11th Street #1

17. (a) Burial (b) Date thereof 6-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Under

18. (a) Signature of funeral director Edly Mathison

(b) Address _____
19. (a) 6-5-48 (b) Gertrude Holman
(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 place)
(e) Means of injury _____

23. Signature Wm W. [unclear] (M. D. or other) _____
Address Med. Dir. Gen. Hosp. #1 Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

4413

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Wm A. Schuyler

Licensed Embalmer No.

3089

P. O. Address.....

ITC 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.