

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12645

1721

| | | | | | | | | | |
|--|--|---|---|--|-------------|---|---------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <u>Kansas City</u>) | | c. LENGTH OF STAY (in this place) <u>27 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4218 E. 7th St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4218 E. 7th St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Mary E. Rogers</u> | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>4 16 49</u> | | 5. SEX <u>F.</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>6/23/1869</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | IF UNDER 48 HRS. Hours | | IF UNDER 12 HRS. Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) <u>Ireland 4</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Patrick McGuire</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rahill</u> | | | 14. NAME OF HUSBAND OR WIFE <u>William</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. H. Rogers</u> | | | ADDRESS <u>4218 E. 7th St</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 mo</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>April 14, 1949</u> , to <u>April 16, 1949</u> , that I last saw the deceased alive on <u>April 16, 1949</u> , and that death occurred at <u>9:30 P. M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Chas. S. Nelson M.D.</u> | | | | 23b. ADDRESS <u>3626 W. Delmar Ave</u> | | | 23c. DATE SIGNED <u>4-17-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/19/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4-18-49</u> | | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SHLEIB FUNERAL HOME K.C. MO.</u> | | ADDRESS | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John P. Sheil*

Licensed Embalmer No. *3625*

P. O. Address *K. e. 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.