

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43786**
5539
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 60 YEARS d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) TRINITY LUTHERAN HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 2603 CHESTNUT STREET	
3. NAME OF DECEASED (Type or Print) a. (First) JETT b. (Middle) STEPHEN c. (Last) ROGERS		4. DATE OF DEATH (Month) (Day) (Year) DEC. - 28 - 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV-21-1871
9. AGE (In years last birthday) 78 YRS	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER	10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY STAR	11. BIRTHPLACE (State or foreign country) SHELBINA, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM H. ROGERS	
13b. MOTHER'S MAIDEN NAME MARY E. RHODES		14. NAME OF HUSBAND OR WIFE ZELLA T. ROGERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 493-12-9994	17. INFORMANT'S SIGNATURE OR NAME MISS. RUTH MAY ROGERS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon Followed by Generalized Metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ed by Generalized DUE TO (c) Metastases	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: Old Coronary Disease	
19c. INTERVAL BETWEEN ONSET AND DEATH 18 years		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1948 , 19____, to 12-28 , 19 49 , that I last saw the deceased alive on 12-28 , 19 49 and that death occurred at 4:55 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE John H. Ogilvie (Degree or title)		23b. ADDRESS 730 Prof Bldg K6 Mo	23c. DATE SIGNED 12/29/49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 30 1949	24c. NAME OF CEMETERY OR CREMATOR FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
DATE REC'D BY LOCAL REG. 12-30-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer	ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.

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 *A. J. Nozinger*.....

Licensed Embalmer No. *3438*.....

P. O. Address *Jackson City, T.*.....

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.