

FILED SEP 2 1950 STANDARD CERTIFICATE OF DEATH

State File No. 27091  
3583

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. No. 5, Kansas City, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.C. General Hosp. K.C. Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dan</b>	b. (Middle)	c. (Last) <b>Rogers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16th 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 2-1876</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b>	IF UNDER 1 HR. Hours <b>14</b> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saw Mill Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wood Cutting</b>	11. BIRTHPLACE (State or foreign country) <b>Platte County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US.</b>
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13a. FATHER'S NAME <b>Mathew Rogers</b>	13b. MOTHER'S MAIDEN NAME <b>Kate Piburn</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elzia Rogers</b>	ADDRESS <b>North K.C., Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Terminal</b>  <b>3 days</b>  <b>E 90/10 21</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Bronchopneumonia</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Fractured right femur</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>R.R. No. 5 K.C. Clay Co. Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug. 18th 1950 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Accidental fall at home</b>
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22. I hereby certify that I attended the deceased from **8-13-50**, 19\_\_\_\_, to **8-16-50**, 19\_\_\_\_, that I last saw the deceased alive on **8-16-50**, 19\_\_\_\_, and that death occurred at **2:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. K. Burns</b> (Degree or title)	23b. ADDRESS <b>K.C. General Hospital K.C. Mo.</b>	23c. DATE SIGNED <b>8-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Aug. 16-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-21-50</b>	REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Church - Archer Co.</b>	ADDRESS <b>Liberty Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*John Lombardi*

Licensed Embalmer No. 4448

P. O. Address Liberty St

**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.