

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40967**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5375**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 903 Wyandotte	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gen'l Hosp. No. 2			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Wilford c. (Last) Rodgers		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1950	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 6, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Hotel	9. AGE (In years last birthday) 44
11. BIRTHPLACE (State or foreign country) Tawnee, Okla.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Will Rodgers	13b. MOTHER'S MAIDEN NAME Millie O'Kelly	14. NAME OF HUSBAND OR WIFE Altha Rodgers, Divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY # 445-16-5205	17. INFORMANT'S SIGNATURE OR NAME William Perryman Rodgers - K.C. Mo.	
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.		17. INFORMANT'S ADDRESS K.C. Mo.	

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 Generalized Peritonitis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Respiratory Quadriplegia			
DUE TO (c) Illness			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5401	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy at Gen'l Hosp # 2		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) (STATE)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones (Signature) (Title)	23b. ADDRESS 1612 E. 13th	23c. DATE SIGNED 12/20/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-21-1950	24c. NAME OF CEMETERY OR CREMATORY Luther Cem.	24d. LOCATION (City, town, or county) (State) Luther Oklahoma, Okla.
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DATE REC'D BY LOCAL REG. 12-21-50	REGISTRAR'S SIGNATURE Maldine Thomas	25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. Funeral Home K.C. Mo.	ADDRESS
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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 *C. Kenneth Kerford*.....

Licensed Embalmer No. *4437*.....

P. O. Address.....

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.