

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

31836

State File No. \_\_\_\_\_

3878

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. C. Convalescent Home</u>		d. STREET ADDRESS <u>3200 Norledge, Kansas City, Mo.</u>		d. STREET ADDRESS <u>1241</u>		d. STREET ADDRESS <u>X</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. DATE OF DEATH		
a. (First) <u>Andrew</u>			b. (Middle) <u>Mathias</u>			c. (Last) <u>Rogers</u>		
6. DATE OF DEATH <u>Aug. 31, 1952</u>		7. SEX <u>male</u>		8. COLOR OR RACE <u>white</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		
10. AGE (In years last birthday) <u>78</u>		11. DATE OF BIRTH <u>Aug. 17, 1874</u>		12. IF UNDER 1 YEAR (Months) (Days)		13. IF UNDER 2 HRS. (Hours) (Mins.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none (cripple)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Huntington, Ind.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>John Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Smale</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lura IntVeldt, Independence, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				
				ANTECEDENT CAUSES (b) <u>Arteriosclerosis</u>				
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
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"/>				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 <u>1-1-50</u> 19 <u>50</u> , to <u>8-31-52</u> , that I last saw the deceased alive on <u>3-1-52</u> , and that death occurred at <u>10:15 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank Paul Lorenzina</u> (Type or Print) <u>MD</u>				23b. ADDRESS <u>428 South White Ave</u>		23c. DATE SIGNED <u>8-31-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>9/3/52</u>		<u>Md. Grove Cem.</u>		<u>Independence, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-2-52</u>				REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Independence, Mo.</u>		

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

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S. No. 300  
V. 10.48

FILED SEP 20 1952

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address. Indep. 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.