S. No. 300
. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21710

LED JUN 23 195

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2800

0

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 10 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3142 8 2840 Forest Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): H
c. (Last): Rodgers 0

4. DATE OF DEATH (Month) (Day) (Year): June 2 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Sept. 13, 1924

9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Theological Seminary

11. BIRTHPLACE (City and State or Foreign Country): East Palestine, Ohio 1

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: J. A. Rodgers

13b. MOTHER'S MAIDEN NAME: Agnes Warner

14. NAME OF HUSBAND OR WIFE: Audrey Rodgers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. II

16. SOCIAL SECURITY NO.: 280-20-8165

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Audrey Rodgers
ADDRESS: 2840 Forest Ave. KC 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor, R hemisphere, malignant — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) medullary compression
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Insipidus — 193X

19a. DATE OF OPERATION: 6-2-53

19b. MAJOR FINDINGS OF OPERATION: Brain Tumor

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1953, *to* 6-2, 1953, *that I last saw the deceased* ✓ *alive on* 6-2, 1953, *and that death occurred at* 7:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Forsyth (Degree or title) MD 0
Robert W. Forsyth

23b. ADDRESS: 411 Nichols Rd.

23c. DATE SIGNED: 6-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-3-1953

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): East Palestine, Ohio

DATE REC'D BY LOCAL REG.: 6-3-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D.W. Newcomer's Sons, 1331 Brush Creek, K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

Le 3305 -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 418

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.