

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1500**  
**151**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		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>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>49 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1433 Park</b>				e. STREET ADDRESS (If rural, give location) <b>1433 Park 3258</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Miles</b>			b. (Middle) <b>John</b>		c. (Last) <b>Rogers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 9, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Oct 24 1890</b>		9. AGE (in years last birthday) <b>63</b> 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) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. So. Railroad</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Perry W. Rogers</b>			13b. MOTHER'S MAIDEN NAME <b>Kathryn Swinhart</b>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>708-16-2876</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Maude Green</b>				ADDRESS <b>1433 Park</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis acute</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Non Union Fracture [Radius Left ulna]</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b> <b>2 yrs</b> <b>2 yrs</b> <b>1 1/2 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <b>2-14, 1948</b> , to <b>9 Jan, 1954</b> , that I last saw the deceased alive on <b>8 Jan, 1954</b> , and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>James W. Downey</b> (Degree or title) <b>M.D.</b>					23b. ADDRESS <b>800 Argyle Bldg KCMo</b>			23c. DATE SIGNED <b>11 JAN 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 11-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem</b>		24d. LOCATION (City, town, or county) <b>Kansas City, Mo</b>		(State) _____	
DATE REC'D BY LOCAL REG. <b>1-11-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilton L. Tophy</b> ADDRESS <b>Indep. Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Wilton L. Kelly*.....

Licensed Embalmer No. *42*.....

P. O. Address *Indep.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.