

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5042
689

FILED MAR 15 1954

State File No.

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

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>40 YRS.</u> | | e. STREET ADDRESS (If rural, give location) <u>4918 FOREST AVENUE 3750</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4918 FOREST AVENUE</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JULIA</u> | b. (Middle) <u>ELMINA</u> | c. (Last) <u>RODGERS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 11, 1954</u> |
|--|-------------------------|---------------------------|--------------------------|--|

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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | 8. DATE OF BIRTH <u>AUG. 18, 1856</u> | 9. AGE (In years last birthday) <u>97</u> | IF UNDER 1 YEAR Months Days Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>OTTO, CLARK CO., INDIANA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>SAMUEL CONSOLEY</u> | 13b. MOTHER'S MAIDEN NAME <u>HARRIET HENDERSON</u> | 14. NAME OF HUSBAND OR WIFE <u>GEORGE RODGERS</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give way or dates of service) <u>#</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RAMONA D. KADLER, 4221 E. 67th ST., K.C., MO.</u> | ADDRESS |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4500</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Senility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>—</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>Kansas City, Jackson, MO</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 JAN, 1947, to Feb 11, 1954, that I last saw the deceased alive on 2-10-, 1954, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James C. Walker</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>318 Bros Bldg</u> | 23c. DATE SIGNED <u>2-12-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>FEB 13 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>2-12-54</u> | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newman Jones</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *47*.....

P. O. Address *Holland*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.