

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1954

State File No. **27654**  
Registrar's No. **3869**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>64 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is 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>8405 BELLEVUE AVE.</b>		No. STREET ADDRESS (If rural, give location) <b>8405 BELLEVUE AVENUE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HELEN</b>	b. (Middle) <b>M.</b>	c. (Last) <b>ROGERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 5 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 5, 1889</b>	9. AGE (in years) (Month) (Day) <b>64</b>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER HELEN ROGERS EMPLOYMENT AGENCY</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>EMPLOYMENT AGENCY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>AUGUST G. MILLER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH F. RIBBLE</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN M. ROGERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>486-07-2703</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MISS MARY MILLER</b>	ADDRESS <b>3734 DANONE RD. KANSAS CITY, MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Bronchitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Para Cardyitis</b>		<b>1 yr</b>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4343</b>

19a. DATE OF OPERATION	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)
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 **May**, 1954, to **Aug 4<sup>th</sup>**, 1954, that I last saw the deceased alive on **Aug. 1<sup>st</sup>**, 1954, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. B. Bishop M.D. Do</b>	(Degree or title)	23b. ADDRESS <b>my 6 Mayer Blvd KC Mo</b>	23c. DATE SIGNED <b>8/6-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG-9-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>8-9-54</b>	REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>	ADDRESS <b>1331 BUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Richard B. Bishop

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 V. Honey*.....

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

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