

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12128

State File No. ....

1590

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (in this place) <b>51 yrs.</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>3528 Park Avenue</b>				STREET ADDRESS (If rural, give location) <b>3528 Park Avenue</b>				3550	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSIE</b>		b. (Middle)		c. (Last) <b>ROGERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 8, 1955</b>			
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. 13, 1872</b>	9. AGE (in years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Robert Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>John Rogers.</b>					
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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Robert Blakey, 3528 Park, K.C.Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		
	ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>491x</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)		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 <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>Oct</u> , 19 <u>53</u> , to <u>April 8</u> , 1955, that I last saw the deceased alive on <u>4-7-55</u> , 1955, and that death occurred at <u>12:35</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <b>H. E. Schoen</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>5730 Brooklyn KC Mo</b>		23c. DATE SIGNED <b>4-8-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 11, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>				
DATE REC'D BY LOCAL REG. <b>4-9-55</b>		REGISTRAR'S SIGNATURE <b>Neval Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY, Kansas City, Mo.</b>					

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 *Clayton A Barnes*.....

Licensed Embalmer No. *4793*.....

P. O. Address *K. E. 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.