

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33672

FILED OCT 17 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 379

1. PLACE OF DEATH
a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence

c. LENGTH OF STAY (in this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence

d. STREET ADDRESS (If rural, give location) 1225 South Glenwood

3. NAME OF DECEASED
a. (First) JAMES b. (Middle) F. c. (Last) ROGERS

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 30, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
Jan. 6 1894

9. AGE (In years to birthday) 61

IF UNDER 1 YEAR Months Days
IF UNDER 12 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
Lake City Arsenal

11. BIRTHPLACE (State or foreign country)
Higginsville, Mo

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

13a. FATHER'S NAME
Charles Rogers

13b. MOTHER'S MAIDEN NAME
Nellie McGuire

14. NAME OF HUSBAND OR WIFE
Lula (Wolfe) Rogers

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

16. SOCIAL SECURITY NO.
510-07-1114

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Lula Rogers, 1225 So. Glenwood

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) H 200

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Yes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Minute)

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 Sept 20, 1955, to Sept 30, 1955, that I last saw the deceased alive on Sept. 30 1955, and that death occurred at 10:52 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Chas. Grobke, M.D.

23b. ADDRESS
Independence, Mo.

23c. DATE SIGNED
10/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Oct. 3, 1955

24c. NAME OF CEMETERY OR CREMATORY
Mt. Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City, Kansas

DATE REC'D BY LOCAL REG.
10-3-55

REGISTRAR'S SIGNATURE
James K. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wm. Nugent Funeral Home, 1900 Central, Kansas City, Kansas

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

11 10 22

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 by

working under my personal supervision.

Student Embalmer No.....

Signed

Robert Emmet Nugent

Signed.....

Student Embalmer

Licensed Embalmer No. 3491

P. O. Address 1900 Central Ave. K.C., 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 this body is not embalmed, fact should be so stated above.