

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5078

State File No. _____

FILED MAR 1 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 495

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. In 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) 60 YEARS		e. STREET ADDRESS (If rural, give location) 347 SOUTH HARDESTY AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 347 SOUTH HARDESTY AVE			

3. NAME OF DECEASED a. (First) CHARLES b. (Middle) EMILE LUDWIG c. (Last) ROGE			4. DATE OF DEATH (Month) (Day) (Year) JAN. 31. 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 17. 1866		9. AGE (In years last birth day) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-6 MOS. MUSICIAN		10b. KIND OF BUSINESS OR INDUSTRY K.C. PHARMACEUTICAL ORCHESTRA		11. BIRTHPLACE (City and State or Foreign Country) VIENNA AUSTRIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME EDWARD ROGE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS. EMMA ROGE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-16-7011		17. INFORMANT'S SIGNATURE OR NAME MRS. EMMA ROGE ADDRESS 347 So. HARDESTY KANSAS CITY, MO.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pending Pat. Exam. Sub. Exam. posthol ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) for lysol poison DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 0839 E. 46	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) unknown		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? lysol poison	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:50 A.M.**, from the causes and on the date stated above.

23. SIGNATURE Geo. C. Keathofer (Degree or title) 3			23b. ADDRESS 6627 Parkwood Ave		23c. DATE SIGNED 2-5-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 2. 1956		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 2-2-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newsome ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.	
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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 *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kennett, 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.