

FILED MAR 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5079

State File No. 743

|  |                               |  |   |   |  |  |  |   |
|--|-------------------------------|--|---|---|--|--|--|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>743</u>   |  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |                               |  | c. LENGTH OF STAY (in this place)<br><u>46 yrs.</u>             | c. CITY OR TOWN <u>Kansas City</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Queen of The World Hospital</u>   |                               |  |   | e. STREET ADDRESS (If rural, give location)<br><u>47 24 West 34th Street</u> <span style="float: right;"><u>3475</u></span>                 |  |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>James</u>  |                               |  | b. (Middle) <u>R.</u>   |   | c. (Last) <u>Rogerson</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 17, 1956</u>                      |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>never married</u>   |   | 8. DATE OF BIRTH<br><u>Nov. 6, 1907</u>   |  | 9. AGE (In years last birthday) <u>48</u>  | IF UNDER 1 YEAR Months _____ Days _____  | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Railroad Clerk</u>   |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>K.C. Southern RR</u>    |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Jersey City, New Jersey</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>John Rogerson</u>   |                               |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Ellen Hoban</u>            |   | 14. NAME OF HUSBAND OR WIFE<br><u>never married</u>                                  |  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                               | 16. SOCIAL SECURITY NO.<br><u>none</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Margaret Armstrong-436 W. 47th St.</u>   |  |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA, Squamous Cell of Tongue</u><br>ANTECEDENT CAUSES<br><u>METASTASES TO CERVICAL NODES -</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>CEREBRAL METASTASES -</u> |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>MAY 55</u><br><u>141 X</u><br><u>JAN 56</u> |   |
| 19a. DATE OF OPERATION<br><u>June 55</u>   |                               | 19b. MAJOR FINDINGS OF OPERATION<br><u>CA of TONGUE &amp; METASTASES to nodes of NECK</u>  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>NO</u>  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>—</u>   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)<br><u>—</u>   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><u>—</u>  |  |  |  |   |
| 22. I hereby certify that I attended the deceased from <u>MAY</u> , 19 <u>55</u> , to <u>FEB 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-17</u> , 19 <u>56</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above. |                               |  |   |   |  |  |  |   |
| 23a. SIGNATURE <u>Carl D. Emma</u> (Degree or title) <u>M.D.</u>   |                               |  |   | 23b. ADDRESS<br><u>Argyle Bldg., K.C. Mo</u>  |  | 23c. DATE SIGNED<br><u>2-18-56</u>   |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                               | 24b. DATE<br><u>2/20/56</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Marys Cemetery</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>        |  |  |   |
| DATE REC'D BY LOCAL REG.<br><u>2-18-56</u>   |                               | REGISTRAR'S SIGNATURE<br><u>Neve Marshall</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Quirk &amp; Tobin-20 W. Linwood, K.C. Mo.</u>  |  |  |  |   |

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 *James V. McTalley Jr.*.....  
Licensed Embalmer No. *4826*

P. O. Address *K.E. McTalley*.....

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.