

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1956

State File No. **13463**

Registrar's No. **1393**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1393			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (In this place) 35 YEARS		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) Memorial Medical Center				e. STREET ADDRESS (If rural, give location) 4036 Virginia Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) Glady's b. (Middle) BERNICE c. (Last) Rogers			4. DATE OF DEATH (Month) (Day) (Year) 3-28-56						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH DEC-21-1900			
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and State or Foreign Country) COLOMA - MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Willis E. Nuss		13b. MOTHER'S MAIDEN NAME NANNIE RAGAN		14. NAME OF HUSBAND OR WIFE HARRY W. ROGERS, SR.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-4-1332		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EARL W. ROGERS 4036 VIRGINIA AVE. KANSAS CITY, MO.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of uterus with DUE TO (c) generalized metastases II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 174X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 , 19 55 , to 3-28 , 19 56 , that I last saw the deceased alive on 3-28 , 19 56 and that death occurred at 9¹⁰ a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Harry K. Cohen (Degree or title) M. D.				23b. ADDRESS 316 Argyle Bldg		23c. DATE SIGNED 3-19-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR-31-1956		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 3-31-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer, Jr.		ADDRESS 1331 BRUN PARK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

0. 300
0. 48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John B Lewis

Licensed Embalmer No. 48

P. O. Address XE MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.