

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1957

17330

STATE FILE NUMBER

2023

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2023

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes # No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3631 Charlotte			Length of stay in lb. 5 yrs.		d. STREET ADDRESS (If outside, give location) 3631 Charlotte		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John Cleveland Rogers				First Middle Last		4. DATE OF DEATH April 28, 1957		
5. SEX D	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 3, 1884		9. AGE (In years - last birthday) 72		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Yard Master			10b. KIND OF BUSINESS OR INDUSTRY N. Y. Central R. R.		11. BIRTHPLACE (City and state or country) Cincinnati Ohio		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME Charles Rogers				14. MOTHER'S MAIDEN NAME Sarah Kergian				
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. R. R. Retirement		17. INFORMANT Address C. Maude Rogers 3631 Charlotte K. C. Mo				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death unknown.							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		7955		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Christian Scientist							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) H. L. Dwyer MD				22b. ADDRESS City Hall K C Mo		22c. DATE SIGNED 4-29-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 4/30/57	23c. NAME OF _____ OR CREMATORY D. W. Newcomers		23d. LOCATION (City, town, or county) (State) Kansas City Mo.			
24. FUNERAL DIRECTOR ADDRESS Stine & McClure K. C. Mo.			25. DATE RECD. BY LOCAL REG. 4-29-57		26. REGISTRAR'S SIGNATURE neva minshell			

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10-1-4662

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 *Elmer D. Tipton*

Licensed Embalmer No. 481

P. O. Address Kansas City,

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.