MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001984

ARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 302

FILED FEB 6 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1204 Washington — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Harry Middle J Last Rogers

4. DATE OF DEATH: Month 1 Day 16 Year 62

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: ~~1-16-1862~~ 12-13-1902
9. AGE (last birthday): 59 12-13-02
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: self-employed
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Grant Rogers
13b. MOTHER'S MAIDEN NAME: Emma May Rogers
14. NAME OF HUSBAND OR WIFE: Blanche M. Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W. W. 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chas. G. Rogers Address: 1541 Poplar

18. CAUSE OF DEATH (Enter only one cause per line fo
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Unilateral thrombosis of the internal carotid artery
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-8-62, to 1-16-62 and last saw ~~her~~ him alive on 1-16-62
Death occurred at 12:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Frank Ellis
22b. ADDRESS: 2400 Cherry
22c. DATE SIGNED: 1-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-19-62
23c. NAME OF CEMETERY OR CREMATORY: Maple Hill
23d. LOCATION (City, town, or county) (State): Kansas City, Kans.

24. FUNERAL DIRECTOR: Earp & Sons — ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 1-17-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 John B. Camp

Licensed Embalmer No. 2956

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.