

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
5621
Do not use this space.

1. PLACE OF DEATH

(a) County Jacks on Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 3516 Summit Registered No. 687 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Miss Lela Florence Rogers 262
 (a) Residence, No. 4006 Paseo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 29

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Teacher
 9. Industry or business in which work was done, as saw mill, bank, etc. Public Schools
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME J. D. Rogers,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eliza Hefner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Dora Stone
 (ADDRESS) 3915 Forest, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Warrensburg, Mo. DATE Feb. 11-38 19..

19. FUNERAL DIRECTOR C.H. Blackman & Son, Inc.
 (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 2/10 1938 M. M. Crow
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8-38 19..

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to Feb 8, 1938

I last saw her alive on Feb 8, 19.. Death is said

to have occurred on the date stated above, at 8:45 m. PM

The principal cause of death and related causes of importance were as follows:

bronchial pneumonia
107a

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) Hubert H. Hensley, M. D.

(Address)

STATEMENT BY LICENSED EMBALMER

I, B. H. Blackman, Licensed Embalmer No. 2247

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed B. H. Blackman

Licensed Embalmer No. 2247

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.)