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BUREAU OF THE CENSUS
FILED NOV 13 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3840**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **612 N. Garfield**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **612 N. Garfield** (If rural, give location)

(e) If foreign born, how long in U. S. A? **10** years.

3. (a) PRINT FULLNAME **MINNIE GERTRUDE ROGERS?**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Zafa** 6. (c) Age of husband or wife if alive **88** years

7. Birth date of deceased **Dec. 10, 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **10** Days **28** 3 hr. min.

9. Birthplace **Kansas 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Henry Rusha**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Marvin**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joe Rogers**

(b) Address **3432 E. 6th St.**

17. (a) **Removal** (b) Date thereof **Oct. 11, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mulberry, Kansas**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **2825 Indep. Blvd. K. C. Mo.**

19. (a) **10/14/41** (b) **M. M. Crook**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13**
year **1941** hour **9** minute **30 Am.**

21. I hereby certify that I attended the deceased from **Oct 10**, 1941, to **Oct 13**, 1941;
that I last saw her alive on **Oct 11**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**

Due to **Chronic myocardial degeneration**

Due to **93RT**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
e. While at work? (a) Means of injury

23. Signature **J. A. Murphy** (M. D. or other) **D. O.**
Address **2715 Parkside St. Kc.** Date signed **Oct 14, 1941**

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

Dr. Murphy

ms

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. D. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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