

S. No. 2
M-542
v. 5-17-39
X32873

36386

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4401

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: St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks
(Specify whether years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 129 Spruce ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Priscilla Rogan

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 Single

6. (b) Name of husband or wife - - - 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 18th 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation School Teacher

11. Industry or business at Woodland School

MOTHER FATHER

12. Name Theodore A. Rogan

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Gardner

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James L. Benney

(b) Address 111 Clinton Place, Kansas City, Mo.

17. (a) Burial (b) Date thereof Nov. 28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn ave, Kansas City Mo

19. (a) 11-28-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1942 hour 6 a minute M.

21. I hereby certify that I attended the deceased from September 17th, 1942, to November 26, 1942;
that I last saw h.e. alive on September 26, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration Since Sept. 12, 1942

Due to Hemorrhage left internal capsule

Due to Hypertension 830

Other conditions Atherosclerosis - acute
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Large circumscribed hemorrhage left internal capsule

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature R. F. Pittman MD (M. D. or other)

Address 830 Professional Bldg. W.C. Mo Date signed Nov 27, 42

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

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

Wenzel C. Browning

Licensed Embalmer No. *2724*

P. O. Address *H. C. 2nd*

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