

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39931

State File No.

FILED JAN 11 1943
199

Registration District No.

Primary Registration District No. 1602

Registrar's No. 4947

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:
O.K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 27 yrs
(Specify whether years, months or days)

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. 1113 Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

48
3
8

3. (a) PRINT FULL NAME Edward F. Rodgers

3. (b) If veteran, name war NO.

3. (c) Social Security No. 496-09-0697

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th year 1942 hour 12 min 45 A.M. M.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Bulah (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Dec 23, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-28-42, 19... to 12-30-42, 19...; that I last saw him alive on 12-30-42, 19...; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52 yrs.</u>	<u>0</u>	<u>7</u>	hr. min.

Immediate cause of death Hypertensive heart disease with cardiac decompensation

9. Birthplace Ossage City Kan. 1
(City, town, or county) (State or foreign country)

Due to 935

Due to

10. Usual occupation Laborer + Cook

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Lake City

Major findings: Of operations

12. Name Edward F. Rodgers

Of autopsy

13. Birthplace Dublin Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Nolan

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bulah Rodgers

(b) Address 1113 Harrison

17. (a) Burial (b) Date thereof 1-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys

18. (a) Signature of funeral director Blackman

(b) Address 76 E. Mo

19. (a) 12-31-42 (b) M. M. Cromie
(Date received local registrar) (Registrar's signature)

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?.....

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

23. Signature Shirley R. Thom (M. D. or other).....
Address Med. Dir. K.C. Gen. Hospital Date signed.....

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

DEC 27 1949

AUG 9 1958

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. B. Lockman

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 with the above constitutes grounds for revocation of license.)

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