DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10096

Registration District No. FILED APR 6 1949 — Primary Registration District No. 1002 — Registrar's No. 1234

1. PLACE OF DEATH

(a) County Jackson.

(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen. Hosp. no. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Died as soon as entered (Specify whether
In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1312 E. 25th St.
(If rural, give location)

(e) Citizen of foreign country? ~~Mo~~ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ARTHUR M. ROGERS

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex m

5. Color or race col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Editha Rogers

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased April (Month) 16 (Day) 1918 (Year)

8. AGE: Years 25 | Months 10 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace La. (City, town, or county) / (State or foreign country)

10. Usual occupation Railway Postal Service

11. Industry or business

FATHER
12. Name Edward Rogers.
13. Birthplace La. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Clara Lewis.
15. Birthplace La (City, town, or county) / (State or foreign country)

16. (a) Informant John G. Lewis
(b) Address Natchitoche, La.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/1944 (Month) (Day) (Year)
(c) ~~Place~~: burial or cremation Highland

18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E. 18th St.

19. (a) 3-18-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1944 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19__;
that I last saw h__ alive on __ 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Homicide — Duration
Gun shot wound of Chest
Due to
Due to Hemothorax
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166
Of autopsy yes

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) Homicide
(b) Date of occurrence 3-15-44
(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury fire arms

23. Signature L. P. Richardson (M.D. or other)
Address 1832 Vine Date signed 3-19-44

(Licensed Embalmer's Statement on Reverse Side)

4285-

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.....A. T. Moore.....

Licensed Embalmer No.....448.....

P. O. Address.....Kansas City 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.