V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33390

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 4194

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: 427 WEST 60TH STREET TERRACE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
In this community 41 YEARS (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. 427 WEST 60TH STREET TERR.
(If rural, give location)

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

3. (a) PRINT FULL NAME MISS ELIZABETH 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 SINGLE

6. (b) Name of husband or wife ---

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

7. Birth date of deceased APRIL (Month) 14 (Day) 1887 (Year)

8. AGE: Years 57 Months 6 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace PARSONS (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ---

FATHER
12. Name ROBERT C. ROGERS
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name REBECCA MAUD TUGGLE
15. Birthplace LEXINGTON (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MR. CHARLES E. YOUNG
(b) Address 427 WEST 60TH STREET TERRACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-19-1944 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 10-18-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 17TH year 1944 hour ___ minute ___ A.M.

21. I hereby certify that I attended the deceased from April 29, 1944, to Oct. 17, 1944, that I last saw her alive on Oct. 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings:
Of operations none
Of autopsy none

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)

While at work? (e) Means of injury 0

23. Signature [signature] M.D. (M. D. or other)
Address 1303 Walgreen Bldg. Date signed 10/17/44

(Licensed Embalmer's Statement on Reverse Side) R. C. Mo.

Rev. [redacted] Supe
1303 Waldheim Bldg
10:30 - 5:15

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.