

No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1305
State File No. _____
Registrar's No. **366**

Registration District No. 197 Primary Registration District No. 1001

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:
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
In this community 5 years 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. 812 Penn (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Rogers
3. (b) If veteran, name war None
3. (c) Social Security No. 429-07-9040

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 25
year 1947 hour 12 minute 50 A. M.
21. I hereby certify that I attended the deceased from
Jan. 23 1947 to Jan. 25 1947
that I last saw him alive on Jan. 25 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bess Rogers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 22 1890
(Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage
Terminal bronchopneumonia
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
57 0 3 hr. _____ min.

Major findings:
Of operations g3a
Of autopsy See above
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Crane Operator

11. Industry or business _____

12. Name Eugene Rogers

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

14. Maiden name Mary Wells

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

16. (a) Informant Mr. Guy Rogers
(b) Address 812 Penn St. K. C. Mo.

17. (a) Removal (b) Date thereof 1-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravette, Arkansas

18. (a) Signature of funeral director Weillert Funeral Home
(b) Address Kansas City, Missouri

19. (a) 1-25-47 (b) Sheraldine Holm
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0
23. Signature W. W. Hart (M. D. or other) 1-25-47
Address Med. Dir. Gen'l Hosp. Date signed _____

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

MOTHER FATHER

Dr. Buckner

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 *Blaine E. Weibert*
Licensed Embalmer No. *4075*
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.