

Registration District No. **149**

Primary Registration District No. **1002**

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 **19 days**
(Specify whether years, months or days)
 In this community **49 years**

3. (a) PRINT FULL NAME **MARGARET H. 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 **Married**
6. (b) Name of husband or wife **Harry C. Rogers**
6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **October 30th. 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	8	13	hr. _____ min.

9. Birthplace **Mount Healthy Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____
MOTHER FATHER { **12. Name** **Alonzo R. Case**
 { **13. Birthplace** **Ohio**
 { **14. Maiden name** **Martha Sheldon**
 { **15. Birthplace** **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry C. Rogers**
(b) Address **2707 Forest Avenue**

17. (a) Burial **(b) Date thereof** **7 - 15 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd St. Kansas City, Mo.**

19. (a) 7-14-47 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
 (d) Street No. **2707 Forest**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
 year **1947** hour **11** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **June 24** **1947** **to** **July 13** **1947**
that I last saw her alive on **July 13** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal bronchopneumonia**

Due to _____
Due to _____

Other conditions **186^a**
(Include pregnancy within 3 months of death) **18**

Major findings: **Fr. rt. hip**
Of operations _____
Of autopsy **See above**

22. If death was due to external causes, fill in the following: **123**

(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **During week before admis-**

(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? **Do not know at home**

While at work? **No** (Specify type of place) **(e) Means of injury** **Fall**

23. Signature **[Signature]** **(M. D. or other)** **MD**
Med. Dir. Gen'l Hosp. **7-14-47**
Address _____ **Date signed** _____

Duration _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

*Dr. J. J. [unclear]
for [unclear]*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.