

S. No. 2
-12-45
-5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24354

State File No.

FILED AUG 5 1947

Registration District No. 14

Primary Registration District No. 1002

Registrar's No. 3024

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 1331 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 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. 1331 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William M. Rodgers

3. (b) If veteran, name war 1st World War

3. (c) Social Security No. 486-05-7599

4. Sex male race negro

5. Color or negro

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 12 25 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1947 hour 7 30 minute 50 M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him/her alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Heart Failure

Due to Hypertensive Heart Disease

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>54</u>	<u>6</u>	<u>20</u> hr. min.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no - permit

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

10. Usual occupation Butcher

11. Industry or business Swift & Co. Packers

12. Name John Rogers Rodgers

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

14. Maiden name Sallie Hale

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

16. (a) Informant Jesse Rodgers Rodgers

(b) Address 2606 Tracy

17. (a) Burial, cremation, or removal Lincoln

(b) Date thereof 7-18-47
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director W. J. Jones

(b) Address 440 State Lane, St. Louis, Mo.

19. (a) 7-17-47 (Date received local registrar)

Waldine Holmes (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)

(c) Means of injury 10. C

23. Signature W. J. Jones (M. D. or other) _____

Address 2634 Brooklyn Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Stamps 3, 6, 12, 16 connected by a faint diagonal line
MOTHER, FATHER

7-17-47

SEP 18 1987

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.....

Jerome Mastone

Licensed Embalmer No.

3994

P. O. Address.....

55-3 Highland

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.

The Division of Health of Missouri

State of Missouri

BUREAU OF VITAL STATISTICS

State File No. 24354-47

County of Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3024

On this 24th day of October, 1958, before me appears:

Willie M. Rodgers, who, upon her oath, states that the original record of birth death

for William M. Rogers born July 15, 1947, in the State of

Missouri, and which was filed at Kansas died Jefferson City, Missouri on 7-17, 1947, should be corrected as follows:

Item No. 3 should read William M. Rodgers
William M. Rogers

Instead of

Item No. 6 should read Willie Rodgers
Willie Rogers

Instead of

Item No. 12 should read John Rodgers
John Rogers

Instead of

Item No. 16 should read Jesse Rodgers Verified by marriage license
Jesse Rogers issued in the State of Kansas.

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Mrs. William M. Rodgers wife
Relationship.

1831 Broadway, Kc. Mo.
Present Address.

Subscribed and sworn to before me this 24th day of October, 1958

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

