

FILED SEP 16 1947

Registration District No. **1002**

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: **Menorah Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **1 Day** (Specify whether
In this community **45 years** years, months or days)

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")
(d) Street No. **3336 Gillham Road** 8
(If rural, give location)
(e) Citizen of foreign country? **No** 0
(Yes or No)
If yes; name country

3. (a) PRINT FULL NAME **Ethel Rogers**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2**

6. (b) Name of husband or wife **Abraham Rogers** 6. (c) Age of husband or wife if alive **unk.** years

7. Birth date of deceased: (Month) **June** (Day) **unk.** (Year) **unk.**

8. AGE: Years **68** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace: **Poland** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **"**

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

16. (a) Informant **Mrs S. Seiglebaum**

(b) Address **3336 Gillham Rd.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sep 1, 1947** (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cemerary**

18. (a) Signature of funeral director **J.P. Louis Funeral Home**

(b) Address **H.C. no.**

19. (a) **8-31-47** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30th** year **1947** hour **9** minute **15 P.M.**

21. I hereby certify that I attended the deceased on **June 1947** to **August 30, 1947** that I last saw her or alive on **August 30, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **7 hours**
Due to **Arterio sclerosis** years

Due to _____
Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: Of operations **94a**
Of autopsy _____
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? _____

While at work? (Specify type of place) _____ (c) Means of injury _____

23. Signature **Walter P. Lamb** (M. D. or other) **W.P.**
Address **720 Bryant Alley** Date signed **8/31/47**

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

MOTHER FATHER

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 Archie L. Louis

Licensed Embalmer No. 3110

P. O. Address Kansas City, 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.