S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25, 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34765

Registration District No. 176 Primary Registration District No. 3026 Registrar's No. 304

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 221 N. Pleasant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson Co. 48 4 4 0

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 221 N. Pleasant
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN WILSON ROGERS

3. (b) If veteran, name war None

3. (c) Social Security No. 487-12-8718

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Eugenia Lowenthal

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

7. Birth date of deceased Oct (Month) 22 (Day) 1871 (Year)

8. AGE: Years 75 years Months 11 Days 17 If less than one day — hr. — min.

9. Birthplace Jackson County (City, town, or county) MO (State or foreign country)

10. Usual occupation Retired

11. Industry or business retired

FATHER
12. Name Isaac N. Rogers
13. Birthplace Callens Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Natalie Wilson
15. Birthplace Jackson Co. (City, town, or county) MO (State or foreign country)

16. (a) Informant Natalie Ott Wallace
(b) Address 601 W. Van Horn Rd Indep MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Woodlawn Cemetery

18. (a) Signature of funeral director Ott & Mitchell
(b) Address 310 - N. Main - Indep. Mo.

19. (a) 10-11-47 (Date received local registrar) (b) James [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1947 hour 11:45 minute a. M.

21. I hereby certify that I attended the deceased from Sept 9, 1947 to Oct 9, 1947
that I last saw him alive on Oct 9, 1947
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)

Major findings:
Of operations

Of autopsy

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

23. Signature J. W. Greene (M. D. ~~or other~~)

Address Independence Mo Date signed 10/10/47

(Licensed Embalmer's Statement on Reverse Side)

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 R Alan Griffith, Registered Apprentice No. 451, working under my personal supervision.

Signed J. R. Keis

Licensed Embalmer No. 3156

P. O. Address Independence, 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.