S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 24 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12855

Registrar's No. 1622

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: Lakeside Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks & 1 day (Specify whether
In this community One Month ~~1 day~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 449
(a) State California (b) County Los Angeles
(c) City or town Los Angeles 4
(If outside city or town limits, write "RURAL")
(d) Street No. 4854 Presido Drive 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Mrs Ella Rogers
3. (b) If veteran, name war x no
3. (c) Social Security No. none

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Arthur S Rogers
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 28 (Day) 1867 (Year)

8. AGE: 81 Years 81 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Clay County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business At Home

FATHER
12. Name Chas Gunn
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Wyatt
15. Birthplace No Data 4
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd J. Rogers
(b) Address 4854 Presido - Los Angeles Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Plattsburg Missouri
18. (a) Signature of funeral director H E Julien
(b) Address Olathe Kas
19. (a) 4-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from MARCH 1 MARCH 14 1948, to APRIL 13 1948, that I last saw her alive on 4-13 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BILATERAL HYPOSTATIC PNEUMONIA	6 HRS.
Due to SARCOMA OF WHOLE OF RIGHT LUNG AND UPPER LOBE OF LEFT	6 MONTHS
Due to	
Other conditions HEPATIC CIRRHOSIS (Include pregnancy within 3 months of death)	6 MO.

Major findings:
Of operations NONE 47
Of autopsy

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury

23. Signature Dr. Chas. A. Schwab (M. D. or other) D.O.
Address Overland Park Kans Date signed 4-13-48

Jefferson City Printing Co.

(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.....

.....; Registered Apprentice No.....,

working under my personal supervision.

Signed H. E. Julian

Licensed Embalmer No. 2042

P. O. Address Olathe Kansas

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.