

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37477

4967

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>			c. LENGTH OF STAY (in this place) <u>1/2 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Topeka</u>			14
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2508 Granthurst</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HERBERT</u>		b. (Middle)		c. (Last) <u>ROGERS</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-30-30</u>	
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Herbert E. Rogers</u>			13b. MOTHER'S MAIDEN NAME <u>Eva Barker</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Don't know</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Research Hosp. H.C. Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Skull</u>				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Fracture Skull</u>			
				DUE TO (c) <u>auto trauma (car overturned)</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 8224 32</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>PLATTE COUNTY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Parkville, Platte Mo</u>			
21d. TIME OF INJURY <u>11 30 49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto trauma</u>		83	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1534 Peckto Bldg</u>		23c. DATE SIGNED <u>11-21-49</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>11-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Topeka, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-22-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wall-Diffenderfer</u>		ADDRESS <u>6th &amp; Polk</u>	

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

**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 \_\_\_\_\_

*Francis Walton*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address *KC 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.