No. 300
10.48

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23323

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 257

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence, Mo.
c. LENGTH OF STAY (In this place): 30 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 204 N. River Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence, Missouri
d. STREET ADDRESS (If rural, give location): 204 N. River Blvd.

0485

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): May
c. (Last): Rogers

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 16, 1859
9. AGE (In years last birthday): 92 — If under 1 year: Months 5, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Galesburg, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: P. Brown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mr. Frank Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Sarah Hickey
ADDRESS: Indep. Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3/19/49 to 7/11/51

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis & Cardiomegaly & Left Ventricular Strain

DUE TO (c) Arterial Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Insanities

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 19 *1949, to* July 11, *1951, that I last saw the deceased alive on* July 11, *1951, and that death occurred at* 7:40 *p.m. from the causes and on the date stated above.*

23a. SIGNATURE: Ethel Watson M.D. (Degree or title)
23b. ADDRESS: 129 W Lexington Independence
23c. DATE SIGNED: 7-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery
24d. LOCATION (City, town, or county) (State): Jackson Co Missouri

DATE REC'D BY LOCAL REG.: July 13-1951
REGISTRAR'S SIGNATURE: James L. Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Roland R. Speaks by R.H.
ADDRESS: Indep. Mo

(Licensed Embalmer) Statement on Reverse Side)

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

JUL 25 RECD

AUG 3 1951

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Roland R. Speaks

Signed.....
Student Embalmer

Licensed Embalmer No. 3604

P. O. Address Independence, M

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.