

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

1466

State File No. ....

358

FILED FEB 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1005 Agnes</u>		c. LENGTH OF STAY (In this place) <u>48 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1019 Agnes Kansas City Mo</u>	
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>				
a. (First) <u>Eimer</u>		b. (Middle) <u>E</u>		c. (Last) <u>Rodgers</u>		Month (Day) (Year) <u>1/22/52</u>	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>4/9/1900</u>	
<b>9. AGE</b> (In years last birthday) <u>51</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Restaurant worker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Mo</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>		<b>13a. FATHER'S NAME</b> <u>Dell Rodgers</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mattie Tomlinson</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Annabelle Tomlinson RODGERS</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>496-09-1929</u>		<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <u>Mrs. Annabelle Rodgers 1019 Agnes</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Encephalitis</u>					
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Origin unknown non epidemic</u>					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accidental</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>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.</b>							
<b>23a. SIGNATURE</b> <u>Hugh A. Owens</u> (Degree or title)				<b>23b. ADDRESS</b>		<b>23c. DATE SIGNED</b> <u>1-22-52</u>	
<b>24a. BURLIAC, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <u>1-23-52</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt Washington</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>1/25/52 K.C. Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>1-23-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Heraldine Holmes</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John P. Shell, K. C. Mo.</u>		<b>ADDRESS</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Richard C. Carroll*

Licensed Embalmer No. *4829*

P. O. Address *R. C. 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.