

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4301**

BIRTH NO. _____		REG. DIST. NO. 393	PRIMARY REG. DIST. NO. 1002	Registrar's No. 528
1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY		
b. CITY OR TOWN KANSAS CITY NORTH		c. CITY OR TOWN KANSAS CITY, MO	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 13 YRS		e. STREET ADDRESS (If rural, give location) 3619 Hill Haven Rd		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3619 Hill Haven Rd		3. NAME OF DECEASED a. (First) JAMES b. (Middle) McHENRY c. (Last) ROGERS		
4. DATE OF DEATH (Month) (Day) (Year) JAN 30 1954		5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		
8. DATE OF BIRTH SEPT 25, 1881		9. AGE (In years last birthday) 72 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION LABORER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) McLouth, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME William J. Rogers 13b. MOTHER'S MAIDEN NAME WILMINA MOSER 14. NAME OF HUSBAND OR WIFE KATIE B. ROGERS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-10-5198		17. INFORMANT'S SIGNATURE OR NAME MRS. RUTH GRIFFIN ADDRESS 4018 N. JACKSON
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of thyroid ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis, generalized		19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from Jan , 19 53 , to Jan 30 , 19 54 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 Walter L. Washburn (Degree or title) _____		23b. ADDRESS Gasland, Mo		23c. DATE SIGNED 2/1/54
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE 2-2-54		24c. NAME OF CEMETERY OR CREMATORY White Chapel Mo
24d. LOCATION (City, town, or county) (State) CLAY Co. MO		DATE REC'D BY LOCAL REG. 2-2-54 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomers ADDRESS NORTH K.C. MO		

(Licensed Embalmer's Statement on Reverse Side)

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

-2081074

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No...458

P. O. Address *K. C. 16.7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.