

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2681  
 Do not use this space.

REC'D FEB 23 1939

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 411  
 (b) Township Salina Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. Gateway Hotel St. \_\_\_\_\_  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Frank Rogers

(a) Residence, No. 262 Tulsa, Okla. St.  Tulsa, Okla.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 11 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho, Mo. 0

FATHER 13. NAME J. A. Rogers 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island 1

MOTHER 15. MAIDEN NAME Agnes Van Riper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Ellis Rogers

18. BURIAL, CREMATION OR REMOVAL PLACE Odd Fellow Cem. Neosho, Mo. DATE Jan. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Hornhill-Dillon Joplin, Mo.

20. FILED 1-14-39 E. S. James Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1939

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on Jan. 12, 1939. Death is said to have occurred on the date stated above, at 10:00 a.m. 11/11/39.  
 The principal cause of death and related causes of importance were as follows:

suicide by gunshot through chest  
55 cal. revolver  
 Date of onset 167

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 10/12, 1939  
 Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Hotel - Gateway - Joplin  
 Manner of injury suicide  
 Nature of injury gunshot through chest

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Winchester M. D.  
 (Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-313

Date Filed FEB 16 1939

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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, .....

David Dillon ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed..... David Dillon

Licensed Embalmer No..... 3898

P. O. Address Yaphi 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, above space should be left blank.**