

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
FILED JUL 16 1948
Registration District No. 157 Primary Registration District No. 3028

State File No. 23286
Registrar's No. 115

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1183 S. Main St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harrison Coburn Rogers
3. (b) If veteran, name war. --- 3. (c) Social Security No. ---
4. Sex male / 5. Color or race white 6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife. Helen Lang Rogers 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March 2 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 12 hr. min.

9. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation president

11. Industry or business Joplin Globe Publishing Co

MOTHER FATHER { 12. Name A. H. Rogers
13. Birthplace unknown Iowa /
(City, town, or county) (State or foreign country)
14. Maiden name Kathrine Coburn
15. Birthplace New York New York /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. C. Rogers
(b) Address 1183 S. Main, Carthage, Mo.

17. (a) burial (b) Date thereof June 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 6-24-46 (b) L. B. Clinton R.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1183 S. Main St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1946 hour 10:10 minute a M.
21. I hereby certify that I attended the deceased from 8th + on
since 1940, to 6-18 1946
that I last saw him alive on 6-17-46
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Duration 5 days

Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations: 940
Of autopsy:
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature W. Russell Smith M.D.
Address Carthage, Mo. Date signed 6-20-48

139 (Licensed Embalmer's Statement on Reverse Side)

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

22841

46-6-595

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

Signed Leroy Luce-Buckinell
Licensed Embalmer No. 2510
P. O. Address: Carthage, 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.