

7. S. No. 2  
 FORM—5-43  
 Rev. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **21330**  
 Registrar's No. **182**

**FILED JUN 20 1947**  
 Registration District No. **76**

Primary Registration District No. **5968**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson Rural (Blue)**  
 (b) City or town **Independence, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**11207 East 23rd. St.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 Months** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson 48**  
 (c) City or town **Independence Rural 0**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **11207 East 23rd. Street 0**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **HARRIET ELIZABETH ROGERS**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Henry Rogers**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **October 27th. 1872**  
 (Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>74</b> | <b>7</b> | <b>10</b> | _____ hr. _____ min. |

9. Birthplace **Copper Falls Michigan**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_  
 12. Name **Nicholas Bray**  
 13. Birthplace **England 4**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary White**  
 15. Birthplace **England 4**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. C. N. Thornhill**  
 (b) Address **11207 East 23rd. St. Independence**

17. (a) **Burial** (b) Date thereof **6 - 11 - 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**  
 (b) Address **104 West 42nd. St. Kansas City, Mo.**

19. (a) **6-10-47** (b) **[Signature]**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **June** day **7th**  
 year **1947** hour **6** minute **30 A.M.**  
 21. I hereby certify that I attended the deceased from **June 6th 1947** to **June 7th 1947**  
 that I last saw her alive on **June 6th 1947**  
 and that death occurred on the date and hour stated above.

| Immediate cause of death              | Duration     |
|---------------------------------------|--------------|
| <b>Coronary occlusion</b>             | <b>1 day</b> |
| Due to <b>Cardio-vascular disease</b> | <b>4 yrs</b> |

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**[Signature]**

**PHYSICIAN**  
 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? \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other)  
 Address **1438 Hedger Ave Independence Mo** Date signed **6/7/47**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

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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, or by.....

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

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kanawha City, 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.**