2033

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

225

State File No.
Registrar's No. 192

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (If outside city limits also write RURAL) (c) Location 208 No. Macdonald (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution home; In Community 69 yrs. (Specify whether years, months or days); In Arizona 69 yrs.
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa (If outside city limits also write RURAL)
(d) Street No. 208 No. Macdonald; (e) Citizen of foreign country (Yes or No) NO If Yes, which country
3. (a) FULL NAME Joseph Higbee Rogers (b) If Veteran name war No (c) Social Security No. None

4. Sex: Male
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Louesa Bee Rogers
6. (c) Age of husband or wife, if alive 77 yrs.
7. Birthdate of deceased April 20, 1864 (Month) (Day) (Year)
8. AGE: Years 81 Months 5 Days 27 If less than one day hrs. min.
9. Birthplace Provo, Utah (City, town or county) (State or Country)
10. Usual Occupation Rancher
11. Industry or Business Retired
Father 12. Name Henry Clay Rogers
Father 13. Birthplace New York City, N. Y. (City, town or county) (State or Country)
Mother 14. Maiden Name Emma Higbee
Mother 15. Birthplace Caldwell Co., Missouri (City, town or county) (State or Country)
16. (a) Informant's own signature Louesa B. Rogers
(b) Address Mesa, Arizona
17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 10-20- 19 45
18. (a) Embalmer's Signature R M Daybell
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona
19. (a) Nov. 9, 1945 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 17, 19 45
TIME (Hour and minute) 6:30 A. M.
21. I hereby certify that I attended the deceased from Did not see alive 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Probably Cerebral hemorrhage — DURATION ~~2 hrs.~~
Due to
Due to
Other conditions (Include pregnancy within three months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] JUSTICE OF PEACE M. D.
Address Mesa, Arizona Date signed 11/9/45

40M—100% Rag—6-10-44