

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 87

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: M'Burne-Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days) 160

3. (a) PRINT FULL NAME John W. Roper

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Roper 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 10 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Stalls City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William F. Roper

13. Birthplace Unknown, Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth J. Snow

15. Birthplace Unknown, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marshall Roper  
(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof Apr. 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director W. K. Mee  
(b) Address Carthage, Mo.

19. (a) Apr. 2, 1940 (b) E. J. McIntire, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1  
year 1940 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Mar 31, 1940, to Apr 1, 1940;  
that I last saw him alive on Mar 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis Chronic Nephritis Toxic Thyroid

Due to Chronic Myocarditis Chronic Nephritis Toxic Thyroid

Due to Chronic Myocarditis Chronic Nephritis Toxic Thyroid

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations None  
Of autopsy None

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) (e) Means of injury \_\_\_\_\_

23. Signature George H. Wood (M. D. or other) 4/1/40  
Address Carthage Mo Date signed 4/1/40

Duration 20 yrs  
20 yrs  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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

1941 X1951

RECEIVED

Jasper County Health Office

County File Number 40-4-1

Date Filed 4-19-40

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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 J. W. K. Miller

Licensed Embalmer No. 814

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, above space should be left blank.**