

STANDARD CERTIFICATE OF DEATH

38626

State File No. _____

Registration District No. 288

Primary Registration District No. 5406

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin Land
 (b) City or town Kennett Mo. R.I. 7
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Carl Thomas Roper

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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Oct 10 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Kennett R.I. 7 MO
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Roper

13. Birthplace Dunklin Ill
 (City, town, or county) (State or foreign country)

14. Maiden name Goldie Ingham

15. Birthplace Bethel Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Roper

(b) Address Kennett R.I. 7

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-40
 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial

18. (a) Signature of funeral director Land

(b) Address Kennett

19. (a) 11-16-40 (Date received local registrar) (b) Walter Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Kennett R.I. 7
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
 year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-1, 1940 to 11-16, 1940
 that I last saw him alive on 11-12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Due to Congenital malformation of digestive system

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) _____

23. Signature Walter Davis (M. D. or other) _____

Address Kennett Mo Date signed 11-16-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 1240-181

Date Filed 12/12/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.