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K28390

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19371  
State File No. ~~12874~~

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 159

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirksville  
(c) Name of hospital or institution:  
710 North High Street  
(d) Length of stay: In hospital or institution  
Twenty-Three Years  
In this community Twenty-Three Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(d) Street No. 710 North High St.  
(e) Citizen of foreign country? Yes  
If yes, name country

3. (a) PRINT FULL NAME Willis Henry Roop  
3. (b) If veteran, name war none  
3. (c) Social Security No. none  
4. Sex male 0 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased September 24 1897

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 29 year 1941 hour 10 P.M. minute 10 P.M.  
21. I hereby certify that I attended the deceased from May 20 1941 to May 29 1941 that I last saw him alive on May 29 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 8 Days 5  
9. Birthplace Randolph County Missouri

Immediate cause of death Chronic Myocarditis  
Due to Chronic Myocarditis  
Other conditions None  
Major findings: Of operations No Operations  
Of autopsy No Autopsy

10. Usual occupation Machanic and Electrician  
11. Industry or business Roop radio repair shop  
12. Name Henry Roop  
13. Birthplace Missouri  
14. Maiden name Rebecca Alice Dale  
15. Birthplace Missouri

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Rebecca Alice Roop  
(b) Address 710 N. High St., Kirksville  
17. (a) Burial (b) Date thereof June 1-41  
(c) Place: burial or cremation Highland Park Cent.  
18. (a) Signature of funeral director  
(b) Address Kirksville Mo.  
19. (a) June 3/41 (b) Spencer L. Freeman

23. Signature R. R. Schultz  
Address  
Date signed 6/4/41

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

1300

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3

Date signed 6/4/41

**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.....

Dee Riley

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Dee Riley*

Licensed Embalmer No. 4181

P. O. Address..... Kirkville 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.**