S. No. 2
—4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 2 1941
[redacted]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41461

State File No.

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 421

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

2
7
3

1. PLACE OF DEATH

(a) County Butler

(b) City or town Poplar Bluff (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours (Specify whether
In this community ~~Years~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Stoddard 103

(c) City or town Bloomfield(Rural) 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARVIN H. 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 Child

6. (b) Name of husband or wife ----

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Nov. (Month) 4th, (Day) 1929 (Year)

8. AGE: Years 11 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Hot Springs, (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Child in School

11. Industry or business

FATHER
12. Name Sylvia W. Roper
13. Birthplace ----- (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Edna H. Phrichett
15. Birthplace ----- (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Sylvia W. Roper
(b) Address Bloomfield, Mo. R # 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 11-9-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd year 1941 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from November 2, 1941 to November 3, 1941 that I last saw him alive on November 3, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Basal Skull Fracture	11-2-41
Due to Automobile Accident	
Due to Patient fell out of his own truck.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170C-8
22

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) Accident
(b) Date of occurrence November 2, 1941 103
(c) Where did injury occur? Acorn Ridge, (City or town) Missouri (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway. (Specify type of place)
While at work? No (e) Means of injury Auto Accident.

23. Signature [signature] (M. D. or other) M. D.
Address W. L. Brandon, M. D. Poplar Bluff, Missouri Date signed 11-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1141-1571
Date Filed 11/24/41

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.....

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

working under my personal supervision.

Signed Lyman Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.