

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 717

FILED NOV 12 1942 128
316
Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH: **GREENE**

(a) County GREENE

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

(c) Name of hospital or institution: 2308 BENTON AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 16 YR.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2308 Benton Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPAINE L. ROPER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JUNE 23 1854
(Month) (Day) (Year)

8. AGE: Years 188 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace NASHVILLE TENN. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business IN HOME.

MOTHER FATHER { 12. Name (Unknown) WOLF

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Anna Goss

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct 10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piquette Grove Cem.

18. (a) Signature of funeral director J. W. Hocking

(b) Address Springfield, Mo.

19. (a) 10-8-42 (b) D. S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 7
1939, to Oct 7 1942
that I last saw him alive on Oct 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of nose & face

Due to _____

Due to _____

Other conditions 53
(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) (e) Means of injury _____

23. Signature J. A. Robertson (M. D. or other)

Address Springfield MO Date signed 10/8-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.B. Wagner

Licensed Embalmer No.

3358

P. O. Address.....

Springfield, 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.

7