S. No. 2
1—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7313

State File No. 45

Registration District No. 140 | Primary Registration District No. 3024 | Registrar's No. 15-14

1. PLACE OF DEATH:

(a) County: Howard
(b) City or town: Fayette, Mo.
(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 years, months or days)
In this community: yes.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howard
(c) City or town: Fayette, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Patsy Miller Roper,
3. (b) If veteran, name war: ..... 3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Widowed,
6. (b) Name of husband or wife: John Roper
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February 7th 1884 (Month) (Day) (Year)

8. AGE: Years 60 | Months 0 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation: At home,
11. Industry or business: .....

FATHER
12. Name: William Miller.
13. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Mary Maupin,
15. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Allie Commer,
(b) Address: Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial
18. (a) Signature of funeral director: Guy T. Halley.
(b) Address: Fayette, Mo.
19. (a) 2-29-1944 (Date received local registrar) (b) Ernest W. McMillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1944 hour 6 minute 10 a.m.
21. I hereby certify that I attended the deceased from Jan 31, 1944, to Feb 24, 1944, that I last saw h. alive on Feb 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy — 48 hrs.
Bronchial pneumonia — 2 wks
Due to: Influenza — 4 wks
Due to: .....
Other conditions (Include pregnancy within 3 months of death): 33a
Major findings:
Of operations: .....
Of autopsy: None

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): .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 0

23. Signature: O. L. Coffman (M. D. or other) M.D.
Address: Fayette Mo Date signed: 2-24-44

1321 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3,
District File Number
Date Filed 2-9-44

MAR 10 1944

MAR 13 1944

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 Guy T. Halsey

Licensed Embalmer No. 2966

P. O. Address Fayette, 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.