

Registration District No. 200

Primary Registration District No. 3041

State File No.

Registrar's No. 71

1. PLACE OF DEATH:

(a) County. MAcon

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

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

(d) Length of stay: In hospital or institution. 0
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME John J. Chope

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W

6. (a) 2 ~~single~~, widowed, ~~married~~ single

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

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

7. Birth date of deceased. March 7th 1862
(Month) (Day) (Year)

8. AGE: - Years 82 Months 3 Days 1 If less than one day hr. _____ min. _____

9. Birthplace MAcon, Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Harness Maker

11. Industry or business _____

12. Name Thomas Chope

13. Birthplace W. K. 9
(City, town, or county) (State or foreign country)

14. Maiden name Louise Kuffmann

15. Birthplace W. K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Richard Sullivan
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 6-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem, MAcon

18. (a) Signature of funeral director Stephen Gooding Mo
(b) Address 7171 44 MAcon Mo

19. (a) 7/7/44 (b) Ira B. Dunkler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MAcon (b) County MAcon

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 22, 1944, to June 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Arterio Sclerosis
Duration 3 weeks
(approx) 10m year

Other conditions (Include pregnancy within 3 months of death) 82 R

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature I. P. Conway (M. D. or other)
Address MAcon MO Date signed 6-17-44

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

61
3
2

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-44-1460

Date Filed AUG 11 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 *O. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address Macon, 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.