

S. No. 2
 DM-2-43
 v. 5-17-39
 1 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38402

FILED DEC 12 1945

Registration District No. 316

Primary Registration District No. 607.5

State File No. _____

Registrar's No. 222

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs. 6 mos. 4
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME EVA EDITH ROPER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emmet Roper
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased August 11 1916
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>2</u>	<u>23</u>	hr. min.

9. Birthplace Senath Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 MOTHER FATHER {
 12. Name Charles Jackson
 13. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Ernie Sherman
 15. Birthplace Macon County Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Emmet Roper
 (b) Address Kennett, Missouri

17. (a) Burial (b) Date thereof 11-7-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Lentz Funeral Home
 (b) Address Kennett, Missouri

19. (a) 11-7-45 (b) Etcher Rudloff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin 94
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 705 No. Main
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 4
 year 1945 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 30, 1943 19____ to Nov. 4, 1945 19____
 that I last saw her alive on November 4, 1945 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Septic thrombophlebitis
 Meningo-vascular lymphoma 2 yrs
 Due to _____

Due to _____
 Other conditions Not intra cranial germs.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy No autopsy. 30 1/2
 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 Emmet Roper (M. D. or other)
 Address Farmington, Mo Date signed 11/4/45

1397 (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
File Number 1245-1441
Date Filed 12-10-45

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.....
Licensed Embalmer No. 4084
P. O. Address Farmington, 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.