FILED APR 17 1946

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

13705

Do not use this space.

1. PLACE OF DEATH
   (a) County Naslede — Registration District No. 170
   (b) Township Washington — Primary Registration District No. 5636 — Registered No.
   (c) City Morgan — (d) Street No. 1 — St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Miles Roper
   (a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 1
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Rofer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6 1870

7. AGE: YEARS 75 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc. on farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Naslede Co Mo

FATHER
13. NAME: Welcome M Rofer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

MOTHER
15. MAIDEN NAME: Margaret Ann Gammon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

17. INFORMANT (ADDRESS): Mrs Cole Beard, Morgan Mo.

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE Rofer Cemetery DATE 2-17 1946

19. FUNERAL DIRECTOR (ADDRESS): W E Holman, Lebanon Mo

20. FILED 3-15-46 19 Ora Frankeberger, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-14 1946

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1945, to 2-14, 1946
I last saw him alive on 2-13, 1946 Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrage | |

Other contributory causes of importance: High blood pressure

Name of operation: [illegible] Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J W Lindsay, M. D.
(Address) Conway Mo

(Licensed Embalmer's Statement on Reverse Side) 3-10-46

12609

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING [redacted] HIS IS A PERMANENT RECO[redacted]

I X12604

Received 4-11-46
Laclede County Health Unit
File No. 2-46-26
Date Filed 4-11-46

**STATEMENT BY LICENSED EMBALMER**

I, Dorsey M. Howe, Licensed Embalmer No. 4222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

**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.)**