S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23894

FILED AUG 12 1946

Registration District No. 4

Primary Registration District No. 3026

Registrar's No. 274

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 702 N. Delaware. Res
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 35 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 41

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 702 N. Delaware 11
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert R. Choplin

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MABEL PEARL Choplin

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased OCT (Month) 26 (Day) 1880 (Year)

8. AGE: Years 66 Months 8 Days 9 If less than one day ___ hr. ___ min.

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

10. Usual occupation REAL ESTATE

11. Industry or business

FATHER
12. Name WILLIAM S. Choplin
13. Birthplace N. CAROLINA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZAH RAMEY
15. Birthplace PETTIS Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant R. L. Choplin
(b) Address 1042 W. VAN HORN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 30 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Independence Mo

18. (a) Signature of funeral director Ott E. Mitchell
(b) Address 310 N. Main St Independence Mo

19. (a) 7-31-46 (Date received local registrar) (b) James [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1946 hour 6 minute a M.

21. I hereby certify that I attended the deceased from June, 1946, to July 27, 1946 that I last saw him alive on July 26, 1946 and that death occurred on the date and hour stated above:

	Duration
Immediate cause of death Coronary Occlusion	sudden
Due to arteriosclerosis	chronic
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓ 94	

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 —

23. Signature J. C. Hickerson (M. D. or other)

Address Independence Mo Date signed July 29

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(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1946

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.