7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30644

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 146

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1107 S. Maple St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----
In this community 69 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1107 S. Maple St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country - ------

3. (a) PRINT FULL NAME FRED OWEN ROUPE

3. (b) If veteran, name war: none

3. (c) Social Security No. 702-18-5046

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Rose L. Roupe

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: August (Month) 9, (Day) 1876 (Year)

8. AGE: Years 69 Months 11 Days 24 If less than one day -- hr. --- min.

9. Birthplace: Pierce City, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: retired conductor

11. Industry or business: Missouri Pacific Railroad

FATHER
12. Name: C. L. Roupe
13. Birthplace: unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Carter
15. Birthplace: unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Mrs. Rose L. Roupe
(b) Address: 1107 S. Maple, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Aug. 6, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) 8-5-46 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 3, '46, 19..., to ..., 19...; that I last saw him alive on Aug. 3 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate with generalized Metastases — Duration: 2 yrs +

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 51B
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other) M.D.
Address: Carthage Date signed 8-5-46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-729

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Lucy Kuce-Buckner

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.