

X35697

FILED JAN 7 1947
Registration District No. **170**

Primary Registration District No. **5-635**
Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Wacleda**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wacleda** **53**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Union** **Township**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **John Milton Roper**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **6 Male** 5. Color or race _____ 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Myrtle Roper** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January - 16 - 1871**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **20** If less than one day **X** hr. **X** min.

9. Birthplace **Wacleda County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant Store**

11. Industry or business

12. Name **Samuel Roper**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Lawrence**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle Roper**
(b) Address **Conway mo**
17. (a) _____ (b) Date thereof **12 - 8 - 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Happy Home**

18. (a) Signature of funeral director **Roy Ramsey**
(b) Address **Marshfield, Missouri**
19. (a) **12-27-46** (b) **Orl Frankburger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8**
year **1946** hour **10** minute **15** AM.

21. I hereby certify that I attended the deceased from **Jan**, 1944 to **12-6**, 1946
that I last saw him alive on **12-5-46** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Colon**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **W&E**
Of autopsy _____

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 **0**
23. Signature **JW Lindsey** (M. D. or other) **MA**
Address **Conway mo** Date signed **12-26-46**

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

300

Received 1/3/46
Laclede County Health Unit
File No. 12-46-185
Date Filed 1/3/46

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

Geo. L. Lacey

378

51

Licensed Embalmer No.

3312

P. O. Address

Marshfield 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.