

3. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17907

State File No. _____

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg *Rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Home 5 *Rural*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg *Rural* 6
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ELIZABETH ROPP

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased December 3, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Staunton, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business as above

MOTHER FATHER

12. Name Anton Markley 5

13. Birthplace Paris France
(City, town, or county) (State or foreign country)

14. Maiden name Dora Melcher
(City, town, or county) (State or foreign country)

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant County Home Records
(b) Address Warrensburg, Missouri

17. (a) burial (b) Date thereof May 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canada & Ropp
(b) Address Holden, Missouri

19. (a) May 31, 1947 (b) Sarannah C. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from May 20, 1947
that I last saw her alive on May 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchectasis
chronic
Due to Smoking
Duration five years

Other conditions (Include pregnancy within 3 months of death)
Major findings: none
Of operations none
Of autopsy 106B

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 0

Signature Wm R. Patterson (M. D. or other)
Address Warrensburg Mo Date signed 5-26-47

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

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 *M L Canaday*.....

Licensed Embalmer No. *34/34*.....

P. O. Address *Helden 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.