No. 2
—1/47
5-17-39

28125

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 19 1947

Registration District No. 1

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 1826 Byers 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1822 Byers Ave. (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Laura Roper
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Dave Roper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 20 (Day) 1860 (Year)

8. AGE: Years 87 Months 2 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation retired housewife
11. Industry or business
FATHER
12. Name Timothy Meador
13. Birthplace no record (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Elizebeth Long.
15. Birthplace no record (City, town, or county) (State or foreign country) 9
16. (a) Informant W.F. Meador
(b) Address Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 (Month) (Day) 1947 (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 7-10-47 (Date received local registrar) (b) Dolores Lamphins, D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 7, day 1947
year hour 9-30 P.M. minute M.
21. I hereby certify that I attended the deceased from July 3, 1947, to July 6, 1947; that I last saw her alive on July 6, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 C C Coats (M. D. or other)
Address Joplin Mo. Date signed 7-9-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-640

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 Percy K Hurlbird

Licensed Embalmer No. 95-9

P. O. Address Joplin 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.