

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30742

BIRTH NO. _____ REG. DIST. NO. LS 7 PRIMARY REG. DIST. NO. 3028 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Small Sarcasie Twp</u>	
c. LENGTH OF STAY (in this place) <u>3 da</u>		d. STREET ADDRESS (If rural, give location) <u>Sarcasie Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLure Brothers Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George K. Roper</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>10-11-1866</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn Co. Kans</u>
12. CITIZENSHIP OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Wm F Roper</u>	
13b. MOTHER'S MAIDEN NAME <u>Ruth Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Mary</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Herschel Roper, Sarcasie Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditic, Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>interstitial</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		4222	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 17, 1949</u> , to <u>Sept 18, 1949</u> , that I last saw the deceased alive on <u>Sept 18, 1949</u> , and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George H. Wood M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>	
23c. DATE SIGNED <u>Sept 21, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-21-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ludman Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcasie Mo</u>	
DATE REC'D BY LOCAL OFFICE <u>9-21-1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Pa. N. Farquhar</u>		ADDRESS <u>Jacksonville, Sarcasie Mo</u>	

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

10-3-49

Filed 10-3-49
County Office
County No. 49-9-771
Date Filed 10-3-49

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

..... Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed Wm K. Jackson
Licensed Embalmer No. 3954
P. O. Address Sarcadie, 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.