

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1343
45

BIRTH MO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1424 Spruce</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>				3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Roper</u>			
4. DATE OF DEATH <u>1-1-50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>10-17-49</u>		9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		11. BIRTHPLACE (State or foreign country) <u>Ark.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Berry Roper</u>			13b. MOTHER'S MAIDEN NAME <u>Reatha Mae</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Reatha Mae Roper</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS <u>1424 Spruce</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Atelectasis to the lung (left)</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
18. CAUSE OF DEATH				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*			
18. CAUSE OF DEATH				II. OTHER SIGNIFICANT CONDITIONS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4911</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT-SUICIDE HOMICIDE (Specify)		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) (Min.)	
21a. ACCIDENT-SUICIDE HOMICIDE		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP)		21d. TIME OF INJURY	
21a. ACCIDENT-SUICIDE HOMICIDE		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21a. ACCIDENT-SUICIDE HOMICIDE		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-14-1949</u> , to <u>1-1-1950</u> that I last saw the deceased alive on <u>1-1-1950</u> , and that death occurred at <u>2:45p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank Ellis</u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>1-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION	
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DATE REC'D BY LOCAL REG. <u>1-5-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Shaham Bros 2304 Vine St</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

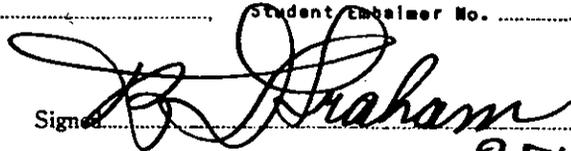
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed



Licensed Embalmer No. 2540

P. O. Address 2304 Kane St

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.