

FILED JUN 4 1942

Registration District No. _____ Primary Registration District No. 358

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

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town New Madrid Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
 In this community About 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town New Madrid 72
(If outside city or town limits, write "RURAL") 4
 (d) Street No. 5
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Maeter C. Roper
 3. (b) If veteran, name war no
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 18
 year 1942 hour 4 minute 0 A. M.
 21. I hereby certify that I attended the deceased from 3-9 1942 to 5-18 1942
 that I last saw him alive on 5-17 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Left Neureglia

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Corrie M. Roper
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 7 1895
(Month) (Day) (Year)

Duration 3 days
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 57 Months 3 Days 11
 If less than one day _____ hr. _____ min.

Due to Hypertension
Cor. heart of Senes
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace unk ky-1
(City, town, or county) (State or foreign country)
 10. Usual occupation odd jobs
 11. Industry or business _____
 12. Name Clum Roper
 13. Birthplace unk ky-1
(City, town, or county) (State or foreign country)
 14. Maiden name unk
 15. Birthplace unk unk-9
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 16. (a) Informant Corrie M. Roper
 (b) Address New Madrid Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-19-1942
(Month) (Day) (Year)
 (c) Place: burial or cremation New Madrid Mo
 18. (a) Signature of funeral director A. Roper
 (b) Address New Madrid Mo
 19. (a) May 25, 1942 (Date received local registrar) (b) Alia Spitzer (Registrar's signature)

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?
 White at work? PS (Specify type of place) (e) Means of injury _____
 23. Signature W. Roper (M. D. or other)
 Address New Madrid Mo Date signed 5-23-42

128/42
 363
 #f

1051

MAY 29 1982

Date Filed _____

District File Number _____

District Health Office No. 2,

RECEIVED

RECEIVED

District Health Office No. 2,

District File Number 542-689

Date Filed 5-26-82

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 Leo Hidygeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.