S. No. 2
M—5-42
v. 5-17-39
P I X32573

7859

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 338 Primary Registration District No. 4501 Registrar's No.

FILED FEB 1 ...

103
2
0

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10
(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE LEWIS FOPAY

3. (b) If veteran, name war ***

3. (c) Social Security No. 493-10-4283

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Sarah E. Fopay, Deceased

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Mar. (Month) 14, (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	9	18	hr. min.

9. Birthplace St. Francis, (City, town, or county) Arkansas. 1 (State or foreign country)

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name William Fopay
13. Birthplace --- (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bersheba Miller
15. Birthplace West Plains, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Dallas Keating
(b) Address Bloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) Jan 7th 1943 (Date received local registrar) (b) Pearl Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1943 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from JAN. 2, 1943, to JAN. 2, 1943 that I last saw him alive on JAN. 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature R S Davis D.O. (M.D. or other)
Address BLOOMFIELD Date signed 1-6-43

P

1130

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 243-197
Date Filed 2-8-43

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 Ivan Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.