

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24770

AUG 6 1943 82-

Primary Registration District No. 3017

Registrar's No. 85

1. PLACE OF DEATH: *Cooper*

(a) County *Cooper*

(b) City or town *Boonville*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *St Joseph*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: *6 days* in hospital or institution (Specify whether years, months or days)

In this community *50 yrs*

2. USUAL RESIDENCE OF DECEASED: *Cooper* 27

(a) State *Missouri* (b) County *Cooper*

(c) City or town *Boonville*  
(If outside city or town limits, write "RURAL")

(d) Street No. *Pilot Grove - Mo*  
(If rural, give location)

(e) If foreign born, how long in U. S. A. *0* years.

3. (a) PRINT FULL NAME *ADOLPH-LOUIS-F)OBEY*

8. (b) If veteran, name war *NO*

8. (c) Social Security No. *496185306*

20. DATE OF DEATH: Month *July* day *6*  
year *1943* hour *7* minute *45 P.M.*

4. Sex *Male* 5. Color or race *White*

6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Belle Roger*

6. (c) Age of husband or wife if alive *67* years

7. Birth date of deceased *Aug - 21 - 1866*  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *8-14-1943* to *7-6-1943*  
that I last saw him alive on *7-6-1943*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Acute lymphatic leukemia* Duration *30 days*

8. AGE: Years *76* Months *10* Days *15* hr. min.

9. Birthplace *Concordia Mo*  
(City, town or county) (State or foreign country)

Due to *74a*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy *- yes -*

10. Usual occupation *Barber*

11. Industry or business *Barber*

12. Name *Henry Roger*

13. Birthplace *unknown Germany*  
(City, town, or county) (State or foreign country)

14. Maiden name *Anna Meyer*

15. Birthplace *unknown Germany*  
(City, town, or county) (State or foreign country)

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?

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

16. (a) Informant *J N Probst*

(b) Address *Boonville Mo*

17. (a) *Burial* (b) Date thereof *7-8-1943*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Pilot Grove Cem.*

18. (a) Signature of general director *Wagon + Jantzen*

(b) Address *Pilot Grove, Mo*

19. (a) *July 7-43* (b) *Dr. Chas. Swop.*  
(Date received local registrar) (Registrar's signature)

23. Signature *GO Boley* (M. D. or other)

Address *Pilot Grove, Mo* Date signed *7-7-43*

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number

Date Filed

8-5-43

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

*Myself*

Registered Apprentice No.

working under my personal supervision.

Signed

*Pepton E. Kays*

Licensed Embalmer No.

*3074*

P. O. Address

*Pilot Grove, W.*

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, above space should be left blank.