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FILED MAY 8 1944

Registration District No. 104

Primary Registration District No. 3032

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
428 Broad St. Warrensburg, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 17 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 428 Broad St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Effie May Shelton Roop

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from April 9
1944 to April 13, 1944
that I last saw her alive on 4-12, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A. B. Roop

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

7. Birth date of deceased May 11 1867
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion ✓

Due to Bronchopneumonia 4 day

Due to Bronchiectasis 10 yrs
Bronchiectasia 10 yrs

Other conditions —
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

76 11 2 hr. min.

9. Birthplace Posey Co. Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Home

MOTHER FATHER { 12. Name Wm. Shelton

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah McQuerry

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

PHYSICIAN —

Major findings: Of operations —

Of autopsy —

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Gene Roop

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof 4-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, MO.

19. (a) April 14 1944 (b) Seola M. Williams
(Date received local Registrar) (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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Phel Cooper (M. D. or other) ?

Address Warrensburg, MO. Date signed 4-14-44

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

STATEMENT BY LICENSED EMBALMER

MAY 13 1944

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 Earl Posieat.....

Licensed Embalmer No. 3878.....

P. O. Address Warrensburg, 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.