

STANDARD CERTIFICATE OF DEATH

Registration District No. 370

Primary Registration District No. 6256

State File No.

Registrar's No. 1

1. PLACE OF DEATH:

(a) County: Wayne  
(b) City or town: McLeell  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community: About two years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wayne  
(c) City or town: McLeell  
(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

3. (a) PRINT FULL NAME: EVA LENA ROPER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: Jan 28 1872  
(Month) (Day) (Year)

8. AGE: Years: 73 Months: Days: If less than one day hr. min.

9. Birthplace: Franklin County Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business: House Keeper

12. Name: Robert Stewart

13. Birthplace: Unknown Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name: Harriet Butler

15. Birthplace: Unknown Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles Roper  
(b) Address: Kennett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-28-45  
(Month) (Day) (Year)  
(c) Place: burial or cremation: Oak Ridge Cem

18. (a) Signature of funeral director: Lutz, Lund & Co  
(b) Address: Kennett Mo.  
19. (a) Jan 7-1946 (b) Mabel Beasley  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 27  
year: 1945 hour: 9 minute: 0 M.

21. I hereby certify that I attended the deceased from November 27  
1945 to December 15 1945  
that I last saw her alive on December 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mycocarditis + Myocarditis

Due to: Chronic Asthma

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

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?

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

23. Signature: Alan J. Christian (M. D. or other)  
Address: Kennett, Missouri Date signed: 12-31-45

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

MOTHER FATHER

**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.....

*Walter C. Houghton*

Licensed Embalmer No. *2002*

P. O. Address *Kennett me*

**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.**