. S. No. 2
DM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1947

Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5646

38814

State File No.

Registrar's No. 100

**1. PLACE OF DEATH:**
(a) County: Lawrence
(b) City or town: Aurora R 1, NBuckprairie Tws.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days): In this community: One and one-half years

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

3. (a) PRINT FULL NAME: George Gammill Roper
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.
4. Sex: Male
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: March 16 (Month) 1896 (Day) (Year)
8. AGE: Years 51; Months 7; Days 19; If less than one day: hr. min.
9. Birthplace: Marionville, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Rail-way machinist
11. Industry or business: Union Pacific, Rwy.

FATHER
12. Name: George L. Roper
13. Birthplace: Greene Co. Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Medeline Gammill
15. Birthplace: Marionville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Freman Arnhart
(b) Address: R 1, Aurora, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Marionville, Mo.
18. (a) Signature of funeral director: J. B. Burridge
(b) Address: Marionville, Mo.
19. (a) 11/6/47 (Date received local registrar) (b) Oran McNatt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 4 year 1947 hour 12 minute 40p. M.

21. I hereby certify that I attended the deceased from July, 1946, to Nov. 4, 1947, that I last saw him alive on Nov. 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Heart Disease. — Duration: 5 yrs.
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: G. P. Copeland M.D. (M. D. or other)
Address: Marionville, Mo. Date signed 11/6/47

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1948

RECEIVED
District Health Officer No. 6
District File Number 1147-1222
Date Filed 11-24-47

NOV 26 1947

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**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 Herman Turridge

Licensed Embalmer No. 5072

P. O. Address Marionville 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.**