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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 14 1948
Registration District No. _____

State File No. 25348
Registrar's No. 260

Primary Registration District No. 5000

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

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural Route #6
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community Most of Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route #6
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gilbert B. Roop
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
 year 1948 hour near 9 minute _____ A.M.
 21. I hereby certify that I attended the deceased from _____, 1948 to Sept 9-7-48, 1948
 that I last saw him alive on Sept 7, 1948
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nora Sparks 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased July 16 1907
 (Month) (Day) (Year)

Immediate cause of death
Hypertensive pneumonia Duration 4 days
 Due to Congestive heart failure 2 mo.
 Due to Hypertension and 2 yrs
Thrombotic 2 yrs
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years: 41 Months: 1 Days: 22 If less than one day hr. _____ min. _____

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Cario Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer
 11. Industry or business _____
 12. Name Henry Roop
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice Dole
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Roop
 (b) Address Kirksville, Mo
 17. (a) Burial (b) Date thereof 9/11/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

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 M. T. Stutenham (M.D. or other) 2
 Address Kirksville, Mo Date signed 9-8-48

(c) Place: burial or cremation Highland Park Cmt.
 18. (a) Signature of funeral director Dee Riley Funeral Home
 (b) Address Kirksville, Missouri
 19. (a) 9-8-48 (b) Kate Lambert
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No.

District File Number 9-48-10

Date Filed SEP 13 1948

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..... *D. E. Riley*

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.