

S. No. 2  
A-1-4-41  
7-5-17-39  
21 X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18451

State File No. \_\_\_\_\_

FILED MAY 28 1943

Registration District No. 220

Primary Registration District No. 5792

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town High Point (Rural) Harrison  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town High Point (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Harrison Township  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1943 hour 7 minute A. M.  
21. I hereby certify that I attended the deceased from 5/17 1943 to 5/18 1943  
that I last saw him alive on 5/17/43 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Apoplexy 1 day  
Due to \_\_\_\_\_  
Arterio-sclerosis ?  
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) (Specify means of injury)  
23. Signature G. D. Walker (M. D. or other) \_\_\_\_\_  
Address Eldon Mo Date signed 5/18/43

3. (a) PRINT FULL NAME Grant Opie  
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Maggie Opie 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased November 11 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 6 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Richard Opie  
13. Birthplace London England  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen James  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Opie  
(b) Address High Point, Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation High Point Cemetery  
18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Eldon, Missouri  
19. (a) 5/18/1943 (Date received local registrar) (b) Mrs. J. D. Rising (Registrar's signature)

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

MOTHER FATHER

872

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Louis D. Phillips

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address. Eldon

**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.**