

REC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44037

Do not use this space.

1. PLACE OF DEATH

(a) County Peniscot Registration District No. 651  
(b) Township Cooter Primary Registration District No. 5812 Registered No. \_\_\_\_\_  
(c) City Cooter (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Cooter St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16, 1882

7. AGE YEARS 56 MONTHS 6 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Corinth (STATE OR COUNTRY) Miss

FATHER 13. NAME Denis White  
14. BIRTHPLACE (CITY OR TOWN) Corinth (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME D.K.  
16. BIRTHPLACE (CITY OR TOWN) D.K. (STATE OR COUNTRY) 9

17. INFORMANT Cora White (ADDRESS) Cooter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathis Cem DATE 9/18 19. 3

19. FUNERAL DIRECTOR German Undt Co. (ADDRESS) Steele, Mo.

20. FILED \_\_\_\_\_ 19. \_\_\_\_\_ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 5<sup>th</sup>, 1938, to T.O. Sep 17, 1938. I last saw him alive on Aug 25, 1938. Death is said to have occurred on the date stated above, at 9:00m.

The principal cause of death and related causes of importance were as follows:

Heart Enlargement  
obscure

Date of onset

Other contributory causes of importance: 4518'

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) T. J. Cooper, M. D.

(Address) Cooter, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6

District File Number 39-45-

Date Filed 12-16-38

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44037  
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 6576  
(b) Township Cooter Primary Registration District No. 3873 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George white  
(a) Residence, No. Cooter St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora white  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 - 1882  
7. AGE YEARS 56 MONTHS 8 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Aug 5 to Sept 17, 1938  
I last saw him alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 9 p.m.  
The principal cause of death and related causes of importance were as follows:  
Heart enlargement  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corinth Miss  
13. NAME Denis white  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corinth Miss  
15. MAIDEN NAME D. K.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark  
17. INFORMANT (ADDRESS) Cora white Cooter, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathis Cem DATE 9/18, 1938  
19. FUNERAL DIRECTOR (ADDRESS) German mdt co Steple mo  
20. FILED 2-17, 1939 Tombugener Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-Ray Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) T.S. Cooper, M. D.  
(Address) Cooter Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

