

DEC 0 FEB 24 1939

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

2763
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township _____ Primary Registration District No. 3023 Registered No. 5
(c) City Waverly or _____ (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. moe. ds.

2. PRINT FULL NAME

1600 Katherine Jane Cooper
(a) Residence, No. _____ 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 f 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jefferson D. Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) (STATE OR COUNTRY) Henry County Missouri

FATHER 13. NAME Francis M. McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lucy Dyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Katherine Cooper Windsor, Missouri

18. ~~PLACE OF DEATH~~ PLACE OF DEATH OR REMOVAL Windsor, Mo. DATE Jan 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hester Turner Windsor, Mo.

20. FILED Jan 17 1939 Eva Bentley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1939, to Jan 17, 1939
I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 6:19 a.m.
The principal cause of death and related causes of importance were as follows:

accidental death & crushed chest & internal hemorrhage
Date of onset Jan 13, 39
210
Other contributory causes of importance: Shock, Collar Fracture, cerebral congestion, embolism, and leukemia

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: accidental Date of injury Jan 12, 1939
Where did injury occur? Waverly, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

on street
Manner of injury Struck by car while riding in car
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Ch Johnson, M. D.
301 (Address) Waverly, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/3/39

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.....

Ellis M. Hunter....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ellis M. Hunter*.....

Licensed Embalmer No. *3391*.....

P. O. Address *Windsor, 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, above space should be left blank.