

REC'D FEB. 25 1939

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

3270

Do not use this space.

## 1. PLACE OF DEATH

(a) County Newton Registration District No. 614  
 (b) Township Franklin Primary Registration District No. 4553 Registered No. ....  
 (c) City Franklin (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. 1100 Mrs. Maud Cooper 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Everitt Cooper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3, 1911</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>10</u>
		4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>		
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) <u>Franklin Missouri</u>		
FATHER	13. NAME <u>Franklin Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Lella Beatty</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Mo</u>	
17. INFORMANT (ADDRESS) <u>Everitt Cooper Franklin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin Cem</u> DATES <u>Feb 9 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walt City Undert Co. Walt City Mo</u>		
20. FILED <u>Jan 9 1939</u> <u>W. E. Roemer</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938, to Feb 7, 1939.  
 I last saw her alive on Feb 7, 1939. Death is said to have occurred on the date stated above, at 11:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Astero myelitis caused by a fall.

Other contributory causes of importance: Stroke

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury: Dec 15, 1938  
 Where did injury occur? at home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place  
Fell bruising hip while chasing  
 Manner of injury a fall  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....  
 (Signed) W. E. Roemer, M. D.  
 (Address) Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

N. E.—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.

**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 myself.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922.

P. O. Address Webb City, 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.**