

DEC'D JUN 8 1939

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

17771

Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2173
 or K. C. Mo.
 (c) City K. C. Mo. (d) Street No. General Hospital 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 160 Joseph F. Cooper, Jr.
 (a) Residence, No. 6030 Forest 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6, 1908</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>9</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or mln.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Cement Finisher</u>	11. Total time (years) spent in this occupation.....
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Kansas</u>		
FATHER	13. NAME <u>Joseph Cooper,</u>	<u>1</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgium</u>	<u>7</u>
MOTHER	15. MAIDEN NAME <u>Bertha, Wagner</u>	<u>6</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Geo. Pilarski</u> <u>6030 Forest</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. St. Mary's</u> DATE <u>May 26, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John W. Wagner</u> <u>Kansas City, Mo.</u>		
20. FILED <u>May 25, 1939</u> <u>M. M. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____.

I last saw _____ on _____.

Death is said to have occurred on the date stated above, at 12:50 P.M. m.

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

10-20-30 burns of the chest, back, upper extremities

Date of onset _____

Other contributory causes of importance: 181

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 5-2-39
 Where did injury occur? K. C. Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Clothe caught fire from
 Nature of injury back fire of an auto

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Walter H. Pugh, M. D.
 (Address) Low Shop; K. C. Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.