

REC'D SEP 15 1939

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

30424

Do not use this space.

1. PLACE OF DEATH

(a) County Texas ² Registration District No. 1171
(b) Township Jackson ¹ Primary Registration District No. 6140 Registered No. _____
(c) City _____ (d) Street No. _____
(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

¹⁸⁶⁹ Champ Wallace Cooper
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, DIVORCED, HUSBAND OF, OR WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 6

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) 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo.

FATHER 13. NAME Benjamin Cooper

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

MOTHER 15. MAIDEN NAME Vania Ireland

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

17. INFORMANT (ADDRESS) Roy Cooper Raymond, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boone Creek DATE Aug 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord V. Elliott Houston Mo.

20. FILED Aug 28 1939 Mrs. Dora Gregory Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1939

22. I HEREBY CERTIFY, That I attended deceased from July 12 1939 to Aug 27 1939

I last saw him alive on Aug 25 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Capillary carcinoma of bladder - metastasizing Date of onset _____

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Other contributory causes of importance: Left Hydronephrosis

Right renal calculus

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray Was there an autopsy? NO

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) H. M. Dillman, M. D.

(Address) Houston, 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.

RECEIVED

District Health Officer No. **5,**

District File Number 939 196

Date Filed 9.11.39

Signed Gaylord V. Elliott

Licensed Embalmer No. 225-2

P. O. Address Carol M

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.