DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44187

JAN 15 1940

Registration District No. 618

Primary Registration District No. 5820

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Nodaway
(b) ~~City or town~~ Rural Nodaway Township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Nodaway.
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME NANCY ANN COOPER.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John R. Cooper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 13, 1850 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	10	7.	hr. min.

9. Birthplace Howard Co. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Yelverton Ross
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Ann Smith.
15. Birthplace Kentucky. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature John M. Cooper
(b) Address Burial Bud Jct Mo
17. (a) Workman Chapel (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.
19. (a) 12/26/39 (Date received local registrar) (b) J R Hann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1939 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 17" 1939, to Dec 21st 1939;
that I last saw her alive on Dec 19" 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	5 days
Due to	
Due to	
Other conditions Senile Debility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene L Crawson (M. D. or other) 1
Address Pickering Mo. Date signed Dec 22-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 11
District File Number 140-1884
Date Filed JAN 12 1940

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 John W. Price

Licensed Embalmer No. 3229.

P. O. Address Maryville 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.