DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24307

FILED AUG 14 1940

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2917

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1707½ East 18th St 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 15 years

In this community 160

~~Georgia Anne Cooper~~

3. (a) PRINT FULL NAME Georgia Annie Cooper

3. (b) If veteran, name war — no

3. (c) Social Security No. — no

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife — unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 9 (Month) 23 (Day) 1860 (Year)

8. AGE: Years 79 Months 9 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Miami (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife 9

11. Industry or business 1

FATHER
12. Name Steven Morten 0
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Lucille Webb.

(b) Address 1707½ East 18th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director H. D. Moore.

(b) Address 1820 E-18th St.

19. (a) July 22, 1940 (Date received local registrar) (b) Mo Mo Crawe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1707½ E-18th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ___ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19th year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from July 5, 1940 to July 19, 1940 that I last saw her alive on July 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Sclerosis C Cerebral Thrombosis

Due to Senility 82B

Due to —

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 G C Turner (M. D. ~~or other~~)

Address 1830 Vine Date signed 7-22-40

(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.

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 me

H B Moore, Registered Apprentice No. —

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.