S. No. 2
—11-10-39
. 5-17-39
P-1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32340

Registration District No. 427 Primary Registration District No. 4253 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 59 years years, months or days)

20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Main St. (If rural, give location)

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

3. (a) PRINT FULL NAME Nettie Rowe Cooter

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife E. L. Cooter

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 2 (Day) 1881 (Year)

8. AGE: Years 59 Months 6 Days 14 If less than one day ✓ hr. ✓ min.

9. Birthplace Holden (City, town, or county) Missouri (State or foreign country) 10

10. Usual occupation At Home 1

11. Industry or business ✓ 1

FATHER
12. Name J. E. Clark
13. Birthplace (City, town, or county) Penn (State or foreign country)

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

16. (a) Informant E. L. Cooter

(b) Address Holden Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director T. W. Goodman

(b) Address Holden Mo.

19. (a) Sept 18, 1940 (Date received local registrar) (b) Mrs G. V. Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from Sept 17 4 AM, 1940, to Sept 17-3 PM, 1940 that I last saw her alive on Sept 17-2 55, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pulmonary Edema 1940	5 hrs
Due to Metastatic Carcinoma in Lungs	1939
Due to Adenocarcinoma of Right Breast Rad. OP	1938
Other conditions (Include pregnancy within 3 months of death)	

50

Major findings: Of operations Adeno Carcinoma of Right breast

Of autopsy no

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)

3 UP

While at work? (e) Means of injury

23. Signature N. G. Thompson (M. D. or other)

Address Holden Date signed 9/19/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 10-11-40
Date Filed

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.