

1941 FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3130

Registration District No. 453

Primary Registration District No. 5619

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Gasconade
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Star Rt. Winnipeg
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether years, months or days) 9 years

8. (a) PRINT FULL NAME Louise W. Cooley
 8. (b) If veteran, name war _____ 8. (c) Social Security No. 500-18-4878

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eva Jean Cooley 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Mar 10 1898
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>10</u>	<u>5</u>	hr. min.

9. Birthplace Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
 12. Name M W Cooley
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Penland
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs L W Cooley

(b) Address Winnipeg Mo.

17. (a) Burial (b) Date thereof Jan 16 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director Farmer

(b) Address Lebanon, Mo.

19. (a) Jan 25 1941 (b) W M Matthews
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
 (c) City or town Winnipeg Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. Star Rt.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
 year 1941 hour 4 minute 10 a.m.

21. I hereby certify that I attended the deceased from 1-11-1941 to 1-15-1941;
 that I last saw him alive on 1-14- 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
bilateral exposure
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration 5 days
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy no

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?
959 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature W M Matthews (M. D. or other) _____
 Address Richland Mo Date signed 1-22-41

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.

104
JUL 2 1941

RECEIVED

District Health Officer No. 7,

District File Number 2-41-203

Date Filed 2-4-41

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 D. D. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 3130

Registration District No. 453

Primary Registration District No. 569

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Carsondale T. P.
(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 _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Louise M. Cooley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced no

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years <u>42</u>	Months <u>10</u>	Days <u>5</u>	If less than one day _____ hr. _____ min.
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9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Bilateral

Due to effusion caused

Due to the pneumonia

Other conditions obscure

(include pregnancy when applicable)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN 108

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 P. H. Howlett (M. D. or other) _____

Address Richland Mo Date signed 4-10

JUL 2 1941