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K23159

FILLED APR 21 1941

State File No. _____

Registration District No. 400

Primary Registration District No. 5529 4235 Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Residence
(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)

In this community: 80 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Holliday Cooper

3. (b) If veteran, name war. 1

3. (c) Social Security No. 2

4. Female 5. Color white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 14 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired School Teacher

11. Industry or business Educational

12. Name Jack Cooper

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

14. Maiden name Elizabeth Dawson

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

16. (a) Informant Mrs. Emily Plummer

(b) Address Lees Summit Mo.

17. (a) Burial (b) Date thereof 3-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Cemetery

18. (a) Signature of funeral director Fields Funeral Home

(b) Address Lees Summit Mo.

19. (a) 3/19/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Lees Summit
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1941 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 13 1941 to March 18 1941; that I last saw him alive on March 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 5 days

Due to _____

Due to _____

Other conditions _____
(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? 932

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Cliff S. Miller (M. D. or other) _____

Address Lees Summit Mo. Date signed 3/18/41

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.....

P. C. Fields

Licensed Embalmer No.

2957

P. O. Address.....

Leis Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.