

No. 2  
1-4-41  
17-39  
X26390

**AUG 7 1941**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3011

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 123 South Myrtle  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days)

In this community 17 years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay <sup>024</sup>

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

(d) Street No. 123 South Myrtle  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GRACE M. COOLEY

3. (b) If veteran, name war no

3. (c) Social Security No. 491-01-9447

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife E. J. Cooley 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 22, 1886  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 19, year 1941 hour 12:10 minute PM

21. I hereby certify that I attended the deceased from June 6, 1941  
July 19 19 41 to July 19 19 41  
that I last saw her alive on July 19 19 41  
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 4 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Powersville Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Missouri

Immediate cause of death Coronary thrombosis

Duration \_\_\_\_\_

Due to Hypertension several months

Due to Dissection high blood press.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Scott

13. Birthplace unknown Penn 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Herald

15. Birthplace unknown Va Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Cooley

(b) Address Excelsior Springs

17. (a) Burial (b) Date thereof 7/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Herbert Hoyle

(b) Address Excelsior Springs

19. (a) July 23, 1941 (b) Mrs. E. J. Cooley  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

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) 0

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. M. Coates (M. D. or other) M.D.

Address Excelsior Springs Mo Date signed 7/20/41

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

STATE HEALTH OFFICER NO. 8,  
DISTRICT FILE NUMBER  
8-5-41

**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 *Chas Virgil Hope*  
Licensed Embalmer No. *3950*  
P. O. Address *Excelsior Spring*

**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, fact should be so stated above.**