S. No. 2
1—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28551

Registration District No. 406 Primary Registration District No. 5560 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Coal Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mile east of Coal Jct. Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Coal Junction
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile east of Coal Jct.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HARRISON COOLEY

3. (b) If veteran, name war no data
3. (c) Social Security No. none

4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1
6. (b) Name of ~~husband~~ or wife Georgia Cooley
6. (c) Age of husband or wife if alive No data years
7. Birth date of deceased January (Month) 24 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	18	hr. min.

9. Birthplace Jasper Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm

FATHER
12. Name Wm. C. Cooley
13. Birthplace No data (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Malinda Jackson
15. Birthplace No data (City, town, or county) No data (State or foreign country)

16. (a) Informant Widow Mrs. Georgia Cooley
(b) Address Coal Junction, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 15 (Day) 41 (Year)
(c) Place: burial or cremation Coal Jct. Cemetery
18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Mo
19. (a) Aug 13-41 (Date received local registrar) (b) Roy S. Gnall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1941 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from Aug 3 1941, 19..., to " 11, 1941; that I last saw him alive on Aug 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis — Duration about 2 yrs

Due to age

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

23. Signature F. S. Kamnick (M.D. or other) 10 C
Address Coal Junction, Mo Date signed Aug 15

(Licensed Embalmer's Statement on Reverse Side)

Cooley
Dr Turner
Capt Jet

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 E. W. Sledge

Licensed Embalmer No. 2859

P. O. Address Webb [illegible]

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, fact should be so stated above.