

FILED OCT 6 1941

Registration District No. 431

Primary Registration District No. 503-3

Registrar's No. 112

1. PLACE OF DEATH

(a) County Johnson  
(b) City or town Warrensburg, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
312 W. Pine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 2 mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William G. Cooper  
3. (b) If veteran. name war. - 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race colored 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

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

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

10. Usual occupation laborer

11. Industry or business.....  
12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. D. G. Coopers (Pittsburg, Mo.)  
(b) Address 1160 South Broadway

17. (a) Burial (b) Date thereof Sept 11, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. J. Talbot  
(b) Address Warrensburg Mo.

19. (a) Sept 11 - 1941 (b) John M. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999  
(c) City or town Topeka (If outside city or town limits, write "RURAL") 14  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept. day 9  
year 1941 hour 9 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Aug 31  
1941 to Sept 9 1941  
that I last saw him in alive on 9-9-41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chy. enterostomal reflux Duration not known  
Due to senility  
Due to 131B  
Other conditions ✓ (include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none  
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?  
While at work? (Specify type of place) (e) Means of injury.....  
23. Signature John M. Williams (M. D. or other) 0  
Address Warrensburg Mo. Date signed 9-11-41

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

MOTHER FATHER

OCT - 4 1940

**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, ~~on~~ by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Warrensburg 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, fact should be so stated above.**