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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38613

State File No.

FILED DEC 14 1941

Registration District No. 1

Primary Registration District No. ~~3023~~ 5023

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 404 W. Market 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 3

(d) Street No. 404 W. Market
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Cooper

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 6

5. Color or race Colored

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

6. (b) Name of husband or wife Dora Cooper

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July (Month) 11 (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days 0 If less than one day ___ hr. ___ min.

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

10. Usual occupation Houseman

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora D Cooper
(b) Address 404 W. Market St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director [illegible]
(b) Address Warrensburg Mo.

19. (a) Nov. 13-41 (Date received local registrar) (b) Leola McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1941 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 18 1940, 19__, to Feb 14, 1941;
that I last saw him alive on Feb. 14, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	3 yrs.
Due to Chronic nephritis	10-12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 f

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 Harry Harkness (M. D. ~~or other~~)
Address Warrensburg, Mo. Date signed 11/13/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-10-41

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 Donald H. Turpin

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 w the above constitutes grounds for revocation of license.)

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