FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2307 (49)

Do not use this space.

1. PLACE OF DEATH
(a) County Grundy — Registration District No. 328
(b) Township Trenton — Primary Registration District No. 3017 — Registered No. 2
(c) City Trenton — (d) Street No. Cullers Hosp. St. 0
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura E. Cooley
(a) Residence, No. Route 7, Trenton, Mo. St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Oad Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1895

7. AGE — YEARS 46 — MONTHS 6 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Dec 28, 1941
11. Total time (years) spent in this occupation 46 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffey Missouri

FATHER
13. NAME John Dickerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER
15. MAIDEN NAME Mary Hand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Oad Cooley R7 O#7, Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchell Cemetery DATE Jan 30, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dawn Funeral Home Trenton, Mo

20. FILED 1-28, 1942 Irene D. Fair
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28th, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1942, to Jan 28, 1942
I last saw her alive on Jan 28, 1942. Death is said to have occurred on the date stated above, at 6:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Peritonitis~~	
Myocarditis	
127 b 1	

Other contributory causes of importance:
~~Gall~~ Cholecystitis
Peritonitis

Name of operation Cholecystectomy Date of 1-20-42
What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Wm A Fuson, M. D.
(Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14028

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, ...

Myself, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, 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, above space should be left blank.