

FILED FEB 11 1942

Registration District No. 592

Primary Registration District No. 4287

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains, Mo. *Jun*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
West Plains Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days)  
In this community 3 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon *101*  
(c) City or town Birch Tree, Mo. *0*  
(If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Pearl Cooper

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Lesley Cooper 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Jan 16 1914  
(Month) (Day) (Year)

8. AGE: Years 27 Months 10 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name T.W. Buffington

13. Birthplace Shannon Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Martin

15. Birthplace Maulden Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lesley Cooper

(b) Address Birch Tree Mo

17. (a) Burial (b) Date thereof Nov 21, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Birch Tree Mo

18. (a) Signature of funeral director John F. Amason

(b) Address 77th Street Mo

19. (a) 11-24-41 (b) Wida W. Simons  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th  
year 1941 hour 10 minute 10 a. m.

21. I hereby certify that I attended the deceased from 11/14 1941, to 11/18 1941,  
that I last saw her alive on 11/18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Cerebral Apoplexy *5*

Due to \_\_\_\_\_ *2*

Other conditions Eclampsia  
(include pregnancy within 3 months of death)

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

Of autopsy 148a

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 Maurice Thompson (M. D. or other) MD  
Address West Plains Mo Date signed 11/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 14246

Date Filed \_\_\_\_\_

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

*Joe R Duncan*

Registered Apprentice No. 301

working under my personal supervision.

Signed

*John F. Duncan*

Licensed Embalmer No. 2516

P. O. Address Mountain View 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.