

FILED MAR 26 1942
Registration District No. 4330

Primary Registration District No. 4330

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 S. Grand Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 months
(Month) (Year) (days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller Co
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. 509 S. Grand Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Cooper

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

4. ~~Sex~~ Female 5. Color or race white 6. (a) Single, widowed, married, divorced, ~~married~~
6. (b) Name of husband or wife Samuel C. Cooper 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct 9 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 2 If less than one day - hr. - min.

9. Birthplace unknown / ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Robert Dunlap
13. Birthplace Lawrence Co. ILL.
(City, town, or county) (State or foreign country)
14. Maiden name Ella Blaggett
15. Birthplace Lawrence Co. ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel C. Cooper
(b) Address Eldon Mo.

17. (a) _____ (b) Date thereof 2-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Keith M. Payne
(b) Address Eldon Mo.
19. 2-14-42 (Date received local registrar) (b) M. Pearson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 10 1942
to Feb 11 1942
that I last saw her alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration _____

Due to Hypertension
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 83a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. Shelton M.D. (M. D. or other) _____
Address Eldon Mo Date signed Feb 13 1942

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

RECEIVED

Miller County Health Dept.

County File Number

42-18

Date Filed

3/9/42

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

Keith M. Kays

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.