

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

10885

FILED APR 16 1942
Registration District No. 347

Primary Registration District No.

3018

Registrar's No.

68

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: 522 N 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 50 yrs
years, months or days

3. (a) PRINT FULL NAME John H Cooper
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hannah Cooper 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 29 1899
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Jonesville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Jonathan Cooper
18. Birthplace Ma
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann
15. Birthplace Ma
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Royal Cooper

(b) Address Clinton

17. (a) Burial (b) Date thereof 3 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington

18. (a) Signature of funeral director Ed W. Williams

(b) Address Clinton

19. (a) March 15, 1942 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 522 N 2nd
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1942 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 7
1942 to March 14 1942
that I last saw him alive on 3-14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Paralysis of Right side with 9 mos. Cardiac Hypertrophy with Pulmonary Edema

Other conditions _____
(Include pregnancy within 3 months of death)

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 C. D. Taylor (M. D. or other) _____

Address Brownington, Mo. Date signed _____

RECEIVED
Office of the Registrar
Date of Death 4-42-309
Age at Death 4-7-42

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.....

Licensed Embalmer No. 2478

P. O. Address Clinton, N.C.

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.