

FILED APR 3 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 32

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jackson Co Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 yrs 2
(Specify whether years, months or days)
 In this community 30
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Little Blue Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. County Home (Col)
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WALLACE COOPER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race negro 6. (a) Single, widowed/ married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. mar 10 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 2 _____ hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant County Home Records

(b) Address Little Blue Mo

17. (a) Cremation (b) Date thereof 3-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ketterestory Dental Col

18. (a) Signature of funeral director Flann + Greenstreet

(b) Address 1819 E. 15th K @ Mo.

19. (a) Mar 14 42 (b) L.M. Helms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 42 hour 3 minute 1 - M.

21. I hereby certify that I attended the deceased from March 5, 1942 to March 12, 1942
that I last saw him alive on March 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
"Toxemia"

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10

Major findings: Of operations _____

Of autopsy no

Duration

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 L.W. Booker (M. D. or other) 0

Address 2028. Vine Date signed 3/13/42

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.....

Edw. J. Evans

Licensed Embalmer No.....

3896

P. O. Address.....

1819 E. 15th Ave

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.