

FILED NOV 10 1942  
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4063

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
(Specify whether  
 In this community 5 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999  
14  
 (a) State Kansas (b) County 14  
 (c) City or town Olatomi Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 2

3. (a) PRINT FULL NAME W. G. Cooper

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

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Carola Cooper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 11- 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retiree Merchant

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

12. Name W. Cooper

13. Birthplace Ind  
(City, town, or county) (State or foreign country)

14. Maiden name Cecelia Robinson

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

16. (a) Informant Carlton Mattingly

(b) Address Olatomi Mo.

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

(c) Place: burial or cremation Olatomi Mo

18. (a) Signature of funeral director Mr. C. R. Forten

(b) Address 918 Brooklyn

19. (a) 11-3-42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3  
 year 1942 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from October 25, 1942 to Nov 3, 1942  
 that I last saw him alive on Nov 2, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease  
Congestive Heart Failure  
 Due to Diabetes Mellitus - Mild

Due to 61  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 John F. Chesser (M.D. or other M.D.)  
 Address 311 Angelo - K.C., Mo Date signed 11/3/42

311 AREYLE

Dr. Runsey

I:30

**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.....

P. O. Address.....

**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.**