

FILED JAN -7 1943

Registration District No. 207

Primary Registration District No. 4319

Registrar's No. 193

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Belle Mo. R.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 years years, months or days

3. (a) PRINT FULL NAME JESSE W. COOPER

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

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

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

7. Birth date of deceased. 12-14-1851
(Month) (Day) (Year)

8. AGE: Years 91 Months 12 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business
MOTHER FATHER { 12. Name Robt. Cooper
13. Birthplace Kentucky
14. Maiden name Barthana Clark
15. Birthplace Missouri

16. (a) Informant Mrs. C. D. Ames
(b) Address Chamois Mo.

17. (a) Burial (b) Date thereof 12-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma Church

18. (a) Signature of funeral director Clayde Martin
(b) Address Linn Mo.

19. (a) 12-29-42 (b) Erna Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Belle, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1942 hour 12:00 minute 15 M.

21. I hereby certify that I attended the deceased from 12/10 1942 to 12/26 1942
that I last saw h 11 alive on 12/23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 1 yr.

Due to Myocardial Degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1316
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) (s) Means of injury
23. Signature: R. N. Schenckels
Address Belle, Mo. Date signed 12/26/42

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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.