

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 15 1946

Registration District No. 46

Primary Registration District No. 5568

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. RR # 9
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
38th Street Terrace 9 Hardy Blue Turp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo. RR # 9
(If outside city or town limits, write "RURAL")

(d) Street No. 38th St Terrace 9 Hardy
Blue Township

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Jane Cooper

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

4. Sex Fe 5. Color or race white

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife no record - Cooper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased march 24 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 0 3 hr. _____ min.

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Richard Tudor

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Mary Watkins

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Ms. Ward M. Webb

(b) Address 38th St Terrace 9 Hardy

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ms. C. S. Forester
(b) Address R. L. no.

19. (a) 3-30-1948 (b) J. J. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 27th
year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 6, 1940 to march 27, 1943
that I last saw her alive on march 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Due to Hypertension

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

Major findings: Of operations _____
Of autopsy _____

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 George C. Bly (M. D. number) _____

Address 1630 Prof. Bldg Date signed 3/29/43

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

MOTHER FATHER

J. M. Row
931-
W. College

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.

W. 1643

Prof. B. B. B. B.