FILED JUL 12 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22163
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 2 75
(b) Township — Primary Registration District No. [illegible] — Registered No. [illegible]
(c) City Rolla — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Cooley
(a) Residence, No. Waynesville, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Cooley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1872
7. AGE: YEARS 71, MONTHS 4, DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia, Ill.

FATHER
13. NAME: Henry Kamman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: ----- Roman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Edward Cusick, Waynesville, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Crocker Cem. DATE: June 28, 1943
19. FUNERAL DIRECTOR (ADDRESS): J. L. Hoops & Sons, Crocker, Mo.
20. FILED: July 3, 1943 — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25 43, 19

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1943, to June 25, 1943
I last saw her alive on June 25, 1943. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

Occlusion of the proximal end of pylorus — Date of onset

46b

Other contributory causes of importance:
Possibly beginning of carcinoma

Name of operation — Date of 6/25/43
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

JUL 12 1984

STATEMENT BY LICENSED EMBALMER

I, Paul B. Koops, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Paul B. Koops

Licensed Embalmer No. 3261

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.)