

FILED AUG 14 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3371

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3720 Agnes St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3720 Agnes St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William S Cooper
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 2
year 43 hour 11:50 P M.
21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katherine Cooper
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Sept 10 1898
(Month) (Day) (Year)

Immediate cause of death Acute Myocardial Infarction
Duration _____

8. AGE: Years Months Days If less than one day
44 10 25 hr. min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation R.R. Electrician

Major findings: Of operations _____
Of autopsy See above

11. Industry or business K.E. Terminal Ry
12. Name Henry Cooper
13. Birthplace Kanran 9
(City, town, or county) (State or foreign country)
14. Maiden name Dorlan Baigher
15. Birthplace Kanran 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Katherine Cooper
(b) Address 3720 Agnes St
17. (a) Burial (b) Date thereof 8/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill Cem
18. (a) Signature of funeral director Snow Mayberry
(b) Address Linnwood & Olive
19. (a) 8-4-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (e) Means of transport _____
23. Signature CAFETI 3 (M.D. or other) 8/3/43
Address _____ Date signed _____

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

MOTHER FATHER

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. 2560

P. O. Address K. E. M.

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.