

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 7 1943
Registration District No. 9-12

Primary Registration District No. 445-2

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Lowry City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 35 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair⁹³

(c) City or town Lowry City
(If outside city or town limits, write "RURAL")

(d) Street No. L (If rural, give location)

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

3. (a) PRINT FULL NAME Elmer Mitchell 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 married

6. (b) Name of husband or wife Martha Pearl

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 3-14-1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10
year 43 hour 7:00 minute AM

21. I hereby certify that I attended the deceased from Jan 1st to May 15, 1943
that I last saw him alive on May 15th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Drug
Brun & Co.

8. AGE: Years 66 Months 3 Days 26 hr. _____ min. _____

Due to Cerebral Hemorrhage Jan/43

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

Due to _____

10. Usual occupation Merchant

Other conditions g3d
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

12. Name M. L. Cooper

Of operations _____

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

Of autopsy _____

14. Maiden name Lucy Estes

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

16. (a) Informant Martha Pearl Cooper

(b) Address Lowry City, Mo

17. (a) Burial (b) Date thereof 7-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Mo

18. (a) Signature of funeral director Frank Wickens

(b) Address Clinton Mo

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 Elmer Mitchell (M. D. or other) _____
Lowry City Mo Date signed July 10/43

19. (a) 7-11-43 (b) P. E. Holtz
(Date received local registrar) (Registrar's signature)

Minnie Foster Deputy (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 7-43-711

Date Filed 8-4-43

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.....

working under my personal supervision.

Registered Apprentice No. 2478
Fred Wilkusa
Signed *Clinton Mo*

Licensed Embalmer No. 2478

P. O. Address *Clinton Mo*

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.