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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F 34907

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 252

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Independence~~ Rural-Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1600 N Liberty /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution at Home (Specify whether

In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town ~~Independence~~ Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1600 N. Liberty Blue Twp.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert J Cooper

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~, married, divorced Married

6. (b) Name of husband or wife Verne Cooper

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. (Month) 14 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	9	22	hr. min.

9. Birthplace Prairie Center (City, town, or county) Kansas (State or foreign country) /

10. Usual occupation Mail Carrier Rural

11. Industry or business U.S. mail

FATHER
12. Name Samuel Cooper
13. Birthplace New York City N.Y. (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Margaret Small
15. Birthplace Canada (City, town, or county) (State or foreign country) 2

16. (a) Informant Verne Cooper

(b) Address 1600 N. Liberty St Indep Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 9 43 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 N. Main St, Indep Mo

19. (a) 10-9-1943 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1943 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from Arrow, 19__;

that I last saw h__ alive on __, 19__;

and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Inspection & history

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature O H Ett (M. D. or other)

Address Kans Date signed

146

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1944

OCT 29 1943

MAR 6 1944

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Lindley, 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.