

37047

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 13 1943

Registration District No. 53-

Primary Registration District No. 3011

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(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 1 (Specify whether _____)

In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

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

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

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

3. (a) PRINT FULL NAME EFFIE LEE COOPER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1943 hour 10 minute 00 A.M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Thos Cooper 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Mar 15 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 27 1943 to Nov 29 1943 that I last saw her alive on Nov 29 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>8</u>	<u>14</u>	hr. min.

Immediate cause of death: Hemorrhage of the lacerated artery from being eaten into by carcinoma of the throat.

Due to _____

Due to _____

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

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

10. Usual occupation at home

Major findings: H&E f

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Martin

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

14. Maiden name Marinda Blackburn

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

16. (a) Informant Thos Cooper

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 12-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 12-4-43 (b) Magnum Rappley
(Date received local registrar) (Registrar's signature)

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 R. Hamilton Starn M. D. or other _____
Address Carrollton Mo Date signed _____

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

District File Number

Date Filed

12-10-43

MAR 25 1946

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 *Bert W Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Va*

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.