DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2505

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Clay Fwd
(b) City or town Liberty Rural
(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 ✓
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. 35-W. 74th Terrace
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME WORLIE WILFORD COOPER

3. (b) If veteran, name war none

3. (c) Social Security No. 451-05-0413

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Marie Cooper

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased March (Month) 10 (Day) 1909 (Year)

8. AGE: Years 34 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Clyde (City, town, or county) Texas (State or foreign country)

10. Usual occupation Prudential Ins. Agent

11. Industry or business ✓

FATHER
12. Name Lytt Cooper
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Florida Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Cooper
(b) Address 35-W. 74th Ter. Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 10 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Kansas City Mo

18. (a) Signature of funeral director Chuck Archer Co
(b) Address Liberty Mo

19. (a) Jan 6-1944 (Date received local registrar) (b) Helen Early (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 6 year 1944 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from Coroner Case, 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death accident Automobile unavoidable

Due to Coroner Case

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Coroner 170 C-8 Case 22

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident Auto.
(b) Date of occurrence Jan. 6th 1944 O.T.H.
(c) Where did injury occur? 1½ mi west of Liberty Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway, Jct. 69 & 71 By Pass (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Prather Coroner (M. D. or other)
Address Excelsior Springs, Mo Date signed 1-6-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-2-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.