

FILED JUL 15 1944

Registration District No.

Primary Registration District No.

1002

Registrar's No.

2771

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital #1 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2mo & 3 wks  
(Specify whether  
In this community 50 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 McGee  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Cooper, Irvin

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Gra Cooper 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Nov. 11th 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 23 hr. min.

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

10. Usual occupation Clerk Salvation Army

11. Industry or business

MOTHER FATHER { 12. Name Charles Cooper  
13. Birthplace Mass  
(City, town, or county) (State or foreign country)  
14. Maiden name Augusta Aldridge  
15. Birthplace N.J.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gra Cooper ex wife

(b) Address Lawrence Kans

17. (a) removal (b) Date thereof 7-4-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial Chanute Ks.

18. (a) Signature of funeral director F. D. Funk

(b) Address Lawrence, Kansas

19. (a) 7-4-44 (b) N. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1944 hour 5:00 minute no AM

21. I hereby certify that I attended the deceased from April 12th 1944, 1944, to July 4th, 1944  
that I last saw him alive on July 4th 1944, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the tongue with Metastasis

Due to.....  
Due to.....  
Other conditions 45%  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy XXXXXXXXXXXX

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)  
Means of injury.....  
23. Signature A. E. Cooper MD (M. D. or other)  
Address..... Date signed.....

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**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..... *T. D. Frank* .....

Licensed Embalmer No..... *834* .....

P. O. Address..... *Lawrence, Kan* .....

**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.**