

S. No. 2
M-9-4-41
ev. 5-1-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27186

FILED AUG 22 1944

State File No.

Registration District No. 33

Primary Registration District No. 4044

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County BOONE

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community ALL OF LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE

(c) City or town STURGEON
(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 LULA LUCILLE COOPER

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

4. Sex FEMALE 5. Color or race BLACK 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: MAR. 2 - 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation H.W.F.

11. Industry or business _____

12. Name THOMAS ROBINSON

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

14. Maiden name AMANDA McRITTER

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

16. (a) Informant Mrs. Bernie Scott

(b) Address Sturgeon, Mo.

17. (a) BURIAL (b) Date thereof Aug-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STURGEON.

18. (a) Signature of funeral director Barnes & Root

(b) Address Sturgeon, Mo.

19. (a) Aug 4-44 (b) Mary Montgomery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1944, to Aug 9, 1944
that I last saw him alive on Aug 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Excessive Ineand 3 Da

Due to Pericarditis
and of my own diagnosis
from
fever - probably malignant

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

Major findings: Of operations ✓ Of autopsy ✓

PHYSICIAN H. G. K.

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? _____

While at work? _____ (Specify type of place) _____
Mean of injury: _____

23. Signature W. W. Thomas (M. D. or other) _____
Address Sturgeon, Mo. Date signed 8/11/44

1251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 8-21-44

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.....

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.