V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28723

FILED AUG 21 1944

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1700

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Rural /
(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: 939

(a) State Kansas (b) County Wilson 14

(c) City or town Neodesha 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1002 Mill
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME HAROLD E. COOPER

3. (b) If veteran, name war World #2

8. (c) Social Security No. Unavailable

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Sonia R. Cooper

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May (Month) 9, (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	3	1	____ hr. ____ min.

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

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Pete Gardner
(b) Address Belleville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Pete Gardner
(b) Address Belleville, Ill.

19. (a) AUG 12 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1944 hour 8 minute 30 A. M.

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

Immediate cause of death Air Transport Crash

Due to ____

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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 096
(b) Date of occurrence August 10, 1944
(c) Where did injury occur? Ferguson (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? Yes (e) Means of injury See above

23. Signature H. S. Breyfogle 0 (M. D. or other) M. D.
Address 601 Brentwood Date signed 8/11/44

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(Licensed Embalmer's Statement on Reverse Side)

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.

Body not embalmed.

Signed Peter Gardner

Licensed Embalmer No. .....

P. O. Address Belleville, Del

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, above space should be left blank.