

FILED NOV 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35002

State File No.

Registration District No. 274

Primary Registration District No. 2052

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
216 E. Cooper
(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

3. (a) PRINT FULL NAME LOUISA COOPER

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex 73 5. Color or race Negro

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Sept 19 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 03 Days 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Salt

12. Name Richard Hawkins

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

14. Maiden name Mary Hawkins

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

16. (a) Informant Johanna Crawley

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 10-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

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

(b) Address 17 E. Jefferson St Sedalia Mo

19. (a) 10-24-44 (b) Mrs Anna Seeger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 216 E Cooper St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Oct 15, 1944, to Oct 23, 1944
that I last saw her alive on Oct 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition

Due to An attack of Influenza

Due to Septicemia

Other conditions (Include pregnancy within 3 months of death) 2

Major findings: Of operations 950

Of autopsy.....

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 M. W. Barthelemy (M. D. or other)
Address 104 1/2 W Main Sedalia Mo Date signed 10/23/44

Duration

4 mos

3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1022

(Licensed Embalmer's Statement on Reverse Side)

11-7-44

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 F D Ferguson
Licensed Embalmer No. 2172
P. O. Address Madalia

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.