

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36672

FILED APR 23 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1680

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
4643 TROOST AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 25 YEARS (years, months or days)

3. (a) PRINT FULL NAME MR. FRANK P. COOPER

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-6081

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. CLARA COOPER

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased NOVEMBER 29 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation SALESMAN

11. Employer or business NATIONAL PACKAGE DRUG CO.

12. Name John Henry COOPER

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

13. Maiden name EMILY SREEN

16. (a) Informant Mrs. Clara Cooper

(b) Address 5742 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 45
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director D. H. Newman's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 4-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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. 5742 INDIANA AVENUE
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1945 hour 5 minute 50 M.

21. I hereby certify that I attended the deceased from Mar 15 1945, to Apr 12 1945; that I last saw him alive on Mar 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

Due to Chc

Due to Chc myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93

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 W.R. Jackson MD

23. Signature W.R. Jackson MD (M. D. or other) Address 1107 Bayard Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1103 East Amman

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

Emile W. Colburn

Licensed Embalmer No. *3506*

P. O. Address *K.C. 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of

State File No.

County of

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1680

On this 30th day of April, 1945, before me appears.

Mrs. Clara Cooper, who, upon her oath, states that the original record of death for Frank Pierce Cooper, died 4-12-1945 in the State of Missouri, and which was filed at K.C. on 4-14-1945 should be corrected as follows:

Item No. 12 should read.

John Henry Cooper
Samuel

Instead of

Item No. should read.

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant

Mrs. Clara Cooper, wife
Relationship

X

5742 Indiana
Present Address.

Subscribed and sworn to before me this 30th day of April, 1945

My Commission expires Oct 20, 1947

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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