

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32610

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4435

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:
None 5521 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 26 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5521 Garfield 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Anna Lois Cooper

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A. D. Cooper 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 22 1896
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>49</u> | <u>8</u> | <u>4</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Kneebone

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Clark

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant A. D. Cooper

(b) Address 5521 Garfield

17. (a) Burial (b) Date thereof 10/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th Street

19. (a) 10-29-45 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1945 hour 5:50P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 21 45
19____ to Oct 26 1945

that I last saw her alive on Oct 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma of uterine cervix 1 yr

Due to _____

Due to _____

Other conditions 48 hr
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 C. L. Miller (M. D. or other) _____
Address 4140 E. 15th St. Date signed 10/29/45

(Licensed Embalmer's Statement on Reverse Side)

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

48
3
8

MOTHER FATHER

K C Leo

Rev. Charles Wilson
Pres. B. B. -
11/28/20

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 *John B. Corp*
Licensed Embalmer No. *2355-*
P. O. Address *17 C 9th*

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.