

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

**FILED JUN 20 1946**  
Registration District No. 368

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Vernon  
 (b) City or town Rural Nevada Washington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital No. 32  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether years, months or days) yes same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas  
 (c) City or town Willow Springs  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural Box 24  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J. M. COOPER  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. unknown if any

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
 year 1946 hour 12 minute 30 M.  
 21. I hereby certify that I attended the deceased from June 8, 1946 to June 10, 1946  
 that I last saw him alive on June 10, 1946  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Golda Cooper  
 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased unknown  
 (Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia 2 days  
 Due to Congestive Heart failure on an arteriosclerotic basis  
 Due to \_\_\_\_\_

8. AGE: Years 73 Months unknown Days unknown If less than one day hr. min.

Other conditions Senile Dementia  
 (Include pregnancy within 3 months of death)

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

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none 107

10. Usual occupation f. farming  
 11. Industry or business none  
 12. Name Milton Cooper  
 13. Birthplace unknown Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Jane Hansley  
 15. Birthplace unknown Tennessee  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) No!  
 (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? \_\_\_\_\_

16. (a) Informant Records State Hosp 3  
 (b) Address Nevada Mo  
 17. (a) Removal (b) Date thereof 6-10-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Willow Springs, Mo

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature Paul L. Barone (M. D. or other) \_\_\_\_\_  
 Address State Hosp 3 Date signed June 10 1946

18. (a) Signature of funeral director Allen V. Karp  
 (b) Address Nevada, Mo  
 19. (a) 6-10-46 (b) Kathryn Jancey  
 (Date received local registrar) (Registrar's signature)

RECEIVED

Dis. No.                      Office No. 7

License No. 5-46-601

Date Filed 6-13-46

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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 A. W. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Wanda, 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.