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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30571

State File No. \_\_\_\_\_

FILED OCT 14 1946

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 326

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

1. PLACE OF DEATH:

(a) County Jackson *Blue*

(b) City or town Independence *(Rural)*

(c) Name of hospital or institution: Stayton Meadow Golf Course *3*

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *48*

(c) City or town Independence *Rural 0*

(d) Street No. 11017 East 26th *0*

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DALE F. COOPER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male *0*

5. Color or race White

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

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

7. Birth date of deceased December 11 1930

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>9</u>	<u>11</u>	hr. _____ min.

9. Birthplace Kansas City Missouri *0*

(City, town, or county) (State or foreign country)

10. Usual occupation School Student

11. Industry or business \_\_\_\_\_

12. Name Charles Howard Cooper

13. Birthplace Butler, Missouri *0*

(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace High Hill, Missouri *0*

(City, town, or county) (State or foreign country)

16. (a) Informant Charles Howard Cooper

(b) Address 11017 East 26th, Independence, Mo.

17. (a) Burial (b) Date thereof Sept. 26, 1946

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 9-28-46 (b) [Signature]

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd

year 1946 hour 12 minute 05 P.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 Struck by Lightning

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 192

Of operations \_\_\_\_\_

Of autopsy Inspection - history

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, specify \_\_\_\_\_ *Accident 48*

(b) Date of occurrence 9-22-46

(c) Where did injury occur? Jackson Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place (in public place)?

While at work? Yes (Specify type of place) Lightning

(c) Years of injury \_\_\_\_\_

23. Signature A. G. Usher (M. D. 9/23/46)

Address 2800 Main Date \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be assigned statistically.

**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

*Alfred C. Carson*

Licensed Embalmer No.

*4199*

P. O. Address

*Independence, 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.**