

FILED NOV 20 1946

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

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 DAYS
(Specify whether _____)

In this community 90 DAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS (b) County 97

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME WILLIE COOPER

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 3, year 1946 hour 11: minute 15 P. M.

21. I hereby certify that I attended the deceased from AUGUST 21, 1946 to NOVEMBER 3, 1946; that I last saw him alive on NOVEMBER 3, 1946, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased. SEPTEMBER 17, 1904
(Month) (Day) (Year)

Immediate cause of death RUPTURE OF AORTIC ANEURYSM

Due to LUEPIC AORTITIS AND LUEPIC HEART DISEASE

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>52</u>	<u>1</u>	<u>16</u> hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation LABORER

11. Industry or business _____

12. Name FRANK COOPER

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

14. Maiden name MILLIE MAYO

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

16. (a) Informant Record clerk

(b) Address R.C. San Hosp 2, R.C. MO

17. (a) Burial (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried

18. (a) Signature of funeral director Frank A. Palmer

(b) Address City mortician

19. (a) 11-8-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature Frank Palmer (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 11/4/46

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.....

Wm A. Robinson

Licensed Embalmer No.....

3089

P. O. Address.....

15 C 220

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.