

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 5191

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:
3035 Main
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 24 Years
years, months or days)

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. 3035 Main
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES COOPER
 3. (b) If veteran, name war no
 3. (c) Social Security No. 487-16-9179

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Dec. day 7
 year 1946 hour 11 minute _____ A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth Cooper
 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased Feb. 3 1902
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the _____ date and hour stated above.
 Immediate cause of death Reputy coroner's report
Acute Coronary Occlusion

8. AGE: Years 44 Months 10 Days 15
 If less than one day _____ hr. _____ min.

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

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

10. Usual occupation Showman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ruth Cooper

(b) Address 3035 Main

17. (a) Burial (b) Date thereof 12-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn K.C.K.

18. (a) Signature of funeral director [Signature]
 (b) Address 20 W. Linwood

19. (a) 12-10-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: 7/4/6
 Of operations _____
 Of autopsy See Above

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? _____

23. Signature A.E. Usher (M.D. or other) _____
(Specify type of place) (Name of injury)
 Address 2800 Main Date 12/19/46

MOTHER FATHER

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 Howard W. Fournier

Licensed Embalmer No. 4134

P. O. Address Hanson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.