

~~FILED~~ MAR 24 1947  
Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Butler Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler  
(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 William Clinton Cooper

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Blanch Cooper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 25 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 3 23 hr. \_\_\_\_\_ min.

9. Birthplace Rich Hill Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager & owner

11. Industry or business RESTAURANT

12. Name David C. Cooper

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

14. Maiden name Virginia Waterburger

15. Birthplace Mexico, Mo. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Blanch Cooper

(b) Address Butler, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 47  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Clara Underwood

(b) Address Butler, Mo.

19. (a) Feb. 18-1947 (b) Handall K. Harn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18<sup>th</sup> year 1947 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 17 1946 to Feb. 18 1947 that I last saw him alive on Feb 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Chr. Arteriosclerosis

Other conditions Diabetes Mellitus  
(Include pregnancy within 6 months of death)

Major findings: Diabetes Mellitus

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

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature Clara H. Underwood (M. D. or other) M.D.  
Address Butler, Mo. Date signed 2/18/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 2-47-287  
Date Filed 3-21-47

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.....

*Fernando H. Reak*

Registered Apprentice No. *471*

working under my personal supervision.

Signed *John G. Underwood*  
Licensed Embalmer No. *3585*  
P. O. Address *Butte 870*

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.