

FILED OCT 7 1947

State File No.

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1100 Madison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life-time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 Madison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Cooper

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claud Cooper 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 3, 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-wife

11. Industry or business X

MOTHER FATHER

12. Name John J. Morgan
13. Birthplace Braggadocio, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Etta Mae Nelson
15. Birthplace Braggadocio, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claud Cooper
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 9/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 10-3-47 (b) Thos. B. Wilks
(Date received local registrar) (Registrar's signature) 9/11/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1947, to Sept 20, 1947,
that I last saw him alive on 9-20-47,
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure Duration 1hr
acute cardiac dilatation 1hr
pulmonary edema
Due to Essential Hypertension 7-2 yrs

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____

23. Signature D. W. Cook (M. D. or other) _____
Address Caruthersville, Mo. Date signed 9-25-47

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

18
1
2

10-47-278

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.....

William D. Pike

Registered Apprentice No. *440*

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.