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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38074

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4710

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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: St. Marys Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Kansas (b) County: Wyandotte 140

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 1835 No. 27th (If rural, give location)

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

If yes, name country: 2

3. (a) PRINT FULL NAME: Warren P. Cooper

3. (b) If veteran, name war: none

3. (c) Social Security No.: none 702-14-3464

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Edna Pearl

6. (c) Age of husband or wife if alive: ~~57~~ 59 years

7. Birth date of deceased: February (Month) 4 (Day) 1884 (Year)

8. AGE: Years 63 | Months 9 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Topeka (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Engineer

11. Industry or business: Mo. Pasific R.R.

FATHER

12. Name: Joseph Cooper

13. Birthplace: don't know (City, town, or county) (State or foreign country) 9

MOTHER

14. Maiden name: Matilda Howard

15. Birthplace: don't know (City, town, or county) (State or foreign country) 9

16. (a) Informant: Edna Pearl Cooper

(b) Address: 1835 No 27th K.C. Ks.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Pk. K.C. Ks.

18. (a) Signature of funeral director: Geo. T. Porter & Sons

(b) Address: 915 N. 10th K.C. Ks.

19. (a) 11-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th year 1947 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from November 7 1947 to November 10 1947 that I last saw him alive on November 10 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	48 hrs.
Due to: Carcinoma of the prostate with bone metastasis	
Due to:	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature: E. Castles (M. D. or other) MD

Address: 1002 Argyle Bldg., K.C., Mo Date signed 11/11/47

(Licensed Embalmer's Statement on Reverse Side)

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 L. Porter

Licensed Embalmer No. 3757

P. O. Address 915 No. 10th K.C. K

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.