FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 432

Registration District No. 47 Primary Registration District No. 5158 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 5 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME SARAH GREEN COOPER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ray Cooper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 - 1 - 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	24	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Henry Baumgartner
13. Birthplace Edwardsville (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Laura Vemer
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Ray Cooper
(b) Address Route 5, Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Millersburg
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) Jan 29 48 (Date received local registrar) (b) Josie Morrin Schoff (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25
year 1948 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Oct 1947 to Jan 25 1948
that I last saw him alive on Dec 23 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis & Hypertension	8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature F. C. Suggett (M. D. or other) M D
Address Columbia Date signed 1-25-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 18 1948
District Health Officer No. 9,

District File Number 2-4-48

Date Filed

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.