

S. No. 300  
DM-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1024  
Registrar's No. 385

FILED FEB 7 1948  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 4341 Mersington  
(d) Length of stay: In hospital or institution none  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 4341 Mersington  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Charles H. COOPER  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 28  
year 1948 hour 2 minute A. M.

4. Sex male (1) race white  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ella Mae Cooper  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased August 4, 1885

21. I hereby certify that I attended the deceased from July 1947 to Jan 28 1948  
that I last saw him alive on Jan 28 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 5 Days 24

Immediate cause of death: Cerebral Hemorrhage  
Due to: Hypertensive Cardiovascular disease

9. Birthplace: Ash Grove, Missouri

Other conditions: (Include pregnancy within 3 months of death) 93 D

10. Usual occupation: Invalid

11. Industry or business:

12. Name: Charles H. Cooper

13. Birthplace: New York

14. Maiden name: Callie Bowers

15. Birthplace: Mississippi

16. (a) Informant: Mrs. Ella Mae Cooper

(b) Address: 4341 Mersington, K.C., Mo.

17. (a) Burial (b) Date thereof: 1-30-48

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Melody-McGilley-Eylar  
(b) Address: Kansas City, Missouri

19. (a) 1-28-48 (b) Geraldine Holmes

Major findings: Of operations  
Of autopsy

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?

(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: Geo C. Sealover (M. D. or other)  
Address: 3447 Prospect  
Date signed: 1-28-48

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed

*Russell N France*

Licensed Embalmer No. *4255*

P. O. Address. *K C 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.**