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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4778
Registrar's No. 664

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: 7104 MONTGALL AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 50 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7104 MONTGALL AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME JOSEPH ANDREW COOPER

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of ~~husband~~ or wife MRS. MATTIE COOPER
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased APRIL (Month) 12 (Day) 1857 (Year)

8. AGE: Years 90 | Months 10 | Days 0 | If less than one day ___ hr. ___ min.

9. Birthplace HARRISONVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HARNESS MAKER
11. Industry or business RETIRED CARPENTER

FATHER
12. Name JOHN COOPER
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name FANNIE GENTRY
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS. FANNIE TREE
(b) Address 7104 MONTGALL AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 14 (Month) 1948 (Day) (Year)
(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEM.
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 2-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month FEB. day 12TH year 1948 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan. 10, 1948, to Feb. 11, 1948, that I last saw him alive on Feb. 11, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Chronic Myocarditis and Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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 ✓

23. Signature [signature] (M. D. or other) MD
Address 1202 Pennsylvania Bldg. Date signed 2/12/48

(Licensed Embalmer's Statement on Reverse Side)

11-4:30

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.