U. S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 12998

Registrar's No. 99

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

48
4
4

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 weeks, 3 days (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1324 Montgall 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Edward L. COOPER

3. (b) If veteran, name war no

3. (c) Social Security No. 703-03-8254

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife Violet Cooper

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 28, (Day) 1885 (Year)

8. AGE: Years 62 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business ----

FATHER
12. Name Sam Cooper
13. Birthplace Livingston Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Frances Bevell
15. Birthplace Livingston, Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Doris Pitts
(b) Address 1324 Montgall, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

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

19. (a) 3-24-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3 5/19

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 3, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory Failure	
Due to Carcinoma of	
Due to Large Bowel	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See Above	

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 A. E. Asher (M. D. or other) M.D.
Address 2800 Main K.C. Mo. Date signed 3/23/48

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1948

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 Max W. Fukendall, Registered Apprentice No. 86, working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

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.