S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1948

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19430

Registrar's No. 2743

**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: 3308 AGNES 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 5 DAYS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County GREENE 39

(c) City or town SPRINGFIELD 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1021 WEST WEBSTER STREET 6
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MR. WILLIAM FRANKLIN COOPER

3. (b) If veteran, name war NO

3. (c) Social Security No. unknown

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. LULU COOPER

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

7. Birth date of deceased JANUARY - 15 - 1873
(Month) (Day) (Year)

8. AGE: Years 75 | Months 5 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace GREENE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation STATIONARY ENGINEER (RETIRED

11. Industry or business SOUTHWESTERN ENGINEERING CO.

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

MOTHER
14. Maiden name AMANDA BLACKWELL
15. Birthplace GREENE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Harry E Vermillion
(b) Address 4602 Locke St Louis Mo

17. (a) REMOVAL (b) Date thereof JULY-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SPRINGFIELD, MISSOURI

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-2-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JULY day 1ST
year 1948 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 29 48 to July 1 48
that I last saw him alive on July 1 48
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

93 D

Major findings:
Of operations none
Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
(Specify type of place)

While at work? none (e) Means of injury none

23. Signature Henry C Carbaugh (M.D. or other)
Address 1004 Bryant Bldg K.C. Mo. Date signed July 2 1948

(Licensed Embalmer's Statement on Reverse Side)

2004 Bryant Bldg
9:30-1

## 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 D. P. Nofsinger

Licensed Embalmer No. 3938

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.**