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-17-39  
X 346671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32845  
State File No. \_\_\_\_\_  
Registrar's No. 4190

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 1806 Brooklyn  
(d) Length of stay: In hospital or institution 17 Years  
In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1806 Brooklyn  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Annie Cooper  
3. (b) If veteran, name war No  
3. (c) Social Security No. No  
4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harry Cooper 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased January 22, 1895

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 13th year 1948 hour 3 minute P M.  
21. I hereby certify that I attended the deceased from June 10, 1948 to October 13, 1948;  
that I last saw her alive on October 13, 1948;  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 8 Days 21

Immediate cause of death Chronic Myocarditis  
Due to Chronic Arthritis

9. Birthplace Atlanta, Georgia  
10. Usual occupation Housewife

Other conditions none  
Major findings: Of operations 20

MOTHER, FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Ephriam Roberts  
13. Birthplace Atlanta, Georgia  
14. Maiden name Betty Austin  
15. Birthplace Atlanta, Georgia

Of autopsy 20  
22. If death was due to external causes, fill in the following: none

16. (a) Informant Harry Cooper  
(b) Address 1806 Brooklyn  
17. (a) Burial (b) Date thereof 10/18/48  
(c) Place: burial or cremation Highland Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 1729 Lydia  
19. (a) 10-15-48 (b) Geraldine Holmes

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
Signature F. J. Haugh, Jr.  
Address 2200 East 18th Street Date signed 10/14/48

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..... *I Jerome Maxlowe*  
Licensed Embalmer No. *3994*  
P. O. Address. *2503 Highland*

**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.**