

FILED MAY 29 1947

State File No. \_\_\_\_\_

Registration District No. 11Primary Registration District No. 4025Registrar's No. 44

## 1. PLACE OF DEATH:

(a) County Barry  
 (b) City or town Wheaton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: ---  
 In this community: 15 yrs. (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5  
 (c) City or town Wheaton, Mo. 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. --- 0  
 (If rural, give location) --- 0  
 (e) Citizen of foreign country? --- (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ellen Cooper3. (b) If veteran,  
name war ---3. (c) Social Security  
No. ---4. Sex Female5. Color or  
race W6. (a) Single, widowed, married,  
divorced Widowed6. (b) Name of husband or wife  
Jack Cooper6. (c) Age of husband or wife if  
alive Dead years7. Birth date of deceased December 5 1855  
(Month) (Day) (Year)

## 8. AGE:

Years  
91Months  
4Days  
3If less than one day  
hr. \_\_\_\_\_ min.

## 9. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

## 10. Usual occupation

None(Blind)

## 11. Industry or business

None12. Name Isaiah DeWitt

13. Birthplace

(City, town, or county)

Tenn.

(State or foreign country)

14. Maiden name Bryant

15. Birthplace

(City, town, or county)

Tenn.

(State or foreign country)

16. (a) Informant Mrs Ed. McKinley(b) Address Wheaton, Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 4/10/47

(Month) (Day) (Year)

(c) Place: burial or cremation Wheaton Mo.18. (a) Signature of funeral director W. S. McCall(b) Address Wheaton Mo.19. (a) May 2-1947 Grace Williams  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
year 1947 hour 4 minute 10 P.M.21. I hereby certify that I attended the deceased from  
April - 6 - 1947 to April - 8 - 1947  
that I last saw him or her alive on April - 8 - 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia 2 days.

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 107

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(c) Means of injury 123. Signature D. S. McCall

(M. D. or other) \_\_\_\_\_

Address Wheaton Mo.Date signed 4-23-47

**RECEIVED**

District Health Officer No. 6;

District File Number 447-527

Date Filed MAY 22 1947

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm Morris Payne.....

Licensed Embalmer No. 3447.....

P. O. Address Wheaton, 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.**