REC'D APR 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11401
Do not use this space.

1. PLACE OF DEATH
(a) County: Lewis 2
(b) Township: Reddish 1
(c) City:
Registration District No. 479
Primary Registration District No. 5643
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME 16 Emma Arabelle Cooper
(a) Residence, No. Lewis Co. Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11th 1861
7. AGE: Years 77 Months 9 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

FATHER
13. NAME Granville Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sarah Ellen McMillen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Norman Cooper LaBelle Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery Clark Co. Missouri DATE Mch 3rd 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman D. Cooper LaBelle, Missouri
20. FILED 3/3 1939 J L Bowen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1938 to March 1, 1939
I last saw him alive on Feb 27 1939 Death is said to have occurred on the date stated above, at 4:45 p m.
The principal cause of death and related causes of importance were as follows:

Cerebrovascular Disease of the Arteriosclerotic type

Date of onset

Other contributory causes of importance:
The above condition resulted in a fall and subsequent hemorrhage

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Cooper D.O. M.D.
(Address) LaBelle Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-582
Date Filed APR 17 1939

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, March 1st 1939, or by _____,

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

Signed Norman D. Coder

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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, above space should be left blank.