

REC'D MAY 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15394
Do not use this space.

1. PLACE OF DEATH

(a) County Lin Registration District No. 458
 (b) Township Bucklin Primary Registration District No. 4301
 (c) City Bucklin (d) Street No. _____
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

400 LIZZIE T. COOLEY
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7.m. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miner W. Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4, 1867

7. AGE YEARS 72 MONTHS 0 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Mason Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Jim W. Penland

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Lunday

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Ella Tully (ADDRESS) Levinston Mont.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. DATE April 14, 1939

19. FUNERAL DIRECTOR (NAME) Thorson Funeral Service (ADDRESS) Bucklin Mo.

20. FILED Apr 14, 1939 J. L. Leavelle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/1/33, 1939, to 4/1/33, 1939

I last saw her alive on 4/1/33, 1939. Death is said

to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum Date of onset

Other contributory causes of importance: 46
Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

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? No.

If so, specify _____

(Signed) R. L. Snider X DO

(Address) Bucklin, Mo.

RECEIVED.

District Health Officer No. 10

District File Number..10-32-846

Date Filed MAY 15 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,

, or by

Registered Apprentice No. , working under my personal supervision.

Signed

C. A. Larson

Licensed Embalmer No.

4037

P. O. Address

Bueller, 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.