

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

1591
Do not use this space.

1. PLACE OF DEATH *Barton* 2
 (a) County *Barton* Registration District No. *111*
 (b) Township *Orank* Primary Registration District No. *5262* Registered No. _____
 (c) City *Liberal* (d) Street No. _____
 (e) Length of residence in city or town where death occurred *30* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME *Narcissis Jane Cooper*
 (a) Residence, No. *Liberal Mo.* 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 *Fe.* 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 *James N. Cooper*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 18, 1855*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housekeeper*
 9. Industry or business in which work was done, as saw mill, bank, etc. *own home*
 10. Date deceased last worked at this occupation (month and year) *Dec. 1939* 11. Total time (years) spent in this occupation *65 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kirklin Ind.*

FATHER 13. NAME *Rolt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *Charity*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Evan Cooper Liberal Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Barton City Cem* DATE *Feb. 15, 1940*

19. FUNERAL DIRECTOR (ADDRESS) *Bucky Funeral Service*

20. FILED *Feb. 14, 1940* *J. R. Spill M.D.* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 12, 1940*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 15, 1940*, to *Feb 12, 1940*
 last saw her alive on *Feb 12, 1940*. Death is said to have occurred on the date stated above, at *6:00 P.M.*

The principal cause of death and related causes of importance were as follows:
Jan 15, 1940
Lobar Pneumonia

Other contributory causes of importance: *108*

Name of operation *None* Date of *0*
 What test confirmed diagnosis? *consolidation of lung* Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *No* Date of injury *0*, 19____
 Where did injury occur? *0*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *0*
 Nature of injury *0*

24. Was disease or injury in any way related to occupation of deceased? *0*
 If so, specify. (Signed) *A. G. Edleman*, M. D.
 (Address) *Liberal, 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.

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkeley, Licensed Embalmer No. 2236

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. M. Berkeley

Licensed Embalmer No. 2236

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.)