

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2735

Register District No. 411

Primary Registration District No. 5569

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.R. 3 29th and Schifferdecker  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community All her life  
years, months or days)

3. (a) PRINT FULL NAME Linnie May Cooper

3. (b) If veteran, name war None 3. (c) Social Security No. \*\*\*\*

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dr. Elting Cooper 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased August 11th 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Terre Haute Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business same

12. Name John Creech

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name Prudence Nichols

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J.R. Hodgdon

(b) Address Joplin R # 3, Joplin, Mo

17. (a) BURIAL (b) Date thereof 1-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM., CARTHAGE, Mo.

18. (a) Signature of funeral director Ray K. Hurlbut

(b) Address Joplin, Mo

19. (a) 1-30-40 (b) Ed D James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 27th  
year 1940 hour II minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-24, 1938, to 1-22, 1940.  
that I last saw her alive on 1-27-, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to Papilloma of the Stomach

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

Other conditions 107-0  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Pneumonia + Passive Congestion of Lungs.

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 \_\_\_\_\_) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Joplin Mo Date signed 1-29-40

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-526

Date Filed FEB 15 1940

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**