S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31400

Registration District No. 84 Primary Registration District No. 4052 Registrar's No.

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rushville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 82 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rushville, Mo.
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Frances Cooper
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Arch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 12, 1858 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Rushville, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife 9
11. Industry or business 9
FATHER
12. Name Ransom Gabbert
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary A. Sherwood
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Arch N. Cooper
(b) Address Rushville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cemetery Rushville, Mo.
18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 South 10th St St. Joseph, Mo.
19. (a) 9-13-40 (Date received local registrar) (b) L. F. Gingery 84 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1940 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from Sept 1 = 1939, 19, to Sept 11th, 1940; that I last saw her alive on Sept 11th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. Sharpe (M. D. or other) 1
Address Rushville Mo Date signed Sept 12 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry, Registered Apprentice No. 252 working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.