

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **126**

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

REC'D DEC 1 1940

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **COOPER**
 (c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
 (d) Street No. **HIGH STREET**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME **MRS KATHERINE MONROE COOPER**
 (b) If veteran **SS. 489-16-2466** (c) Social Security name war **NONE** No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **NOVEMBER** day **23**
 year **1940** hour **1:20** minute _____ P. M.
21. I hereby certify that I attended the deceased from **May 15**
1940, to **11-25** 19**40**
 that I last saw her alive on **11-24** 19**40**
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **DENNIS COOPER** 6. (c) Age of husband or wife if alive **45** years
 7. Birth date of deceased **APRIL 18 1897**
(Month) (Day) (Year)

Immediate cause of death
Ca of Cervix & metastasis
 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.

8. AGE: Years **43** Months **7** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER P. W. A.**

11. Industry or business **HOME**

MOTHER FATHER
 { **12. Name** **JAMES MONROE**
 { **18. Birthplace** **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)
 { **14. Maiden name** **IDA COLEMAN**
 { **15. Birthplace** **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **CONNIE BURNHAM**
 (b) Address **BOONVILLE, MISSOURI**

17. (a) BURIAL (b) Date thereof **NOV. 26-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**
 (b) Address **BOONVILLE, MO.**

19. (a) 11-25-40 (b) **DeHeener**
(Date received local registrar) (Registrar's signature)

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 place) (e) Means of injury
23. Signature **Hubrey H. Wells** (d. D. _____)
 Address **Boonville, Mo.** Date signed **11-25-40**

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

7
2
2

HS

RECEIVED
District Health Officer No. 8,
District File Number 12-9-40
Date Filed

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.