

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41473**
Registrar's No. **4866 6**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
708 Newton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **43 Yrs.** (Specify whether
In this community **43 Yrs.** years, months or days)

3. (a) PRINT FULL NAME **Warren M. Cooley**

8. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **M** 5. Color **W** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife. **Ordelia Cooley** 6. (c) Age of husband or wife if alive. **84** years
7. Birth date of deceased. **Aug. 27th, 1851**
(Month) (Day) (Year)

8. AGE: Years **89** Months **3** Days **24** If less than one day
hr. min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **None**

MOTHER FATHER { 12. Name **William Lyman Cooley**

13. Birthplace **U.S.A.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary C. Miranda**
(City, town, or county) (State or foreign country)

15. Birthplace **U.S.A.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mattie Wynn**

(b) Address **708 Newton**

17. (a) **Burial** (b) Date thereof **12/23/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **C.H. Blackman**

(b) Address **2825 Indep. Blvd.**

19. (a) **Dec. 23, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **708 Newton**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21st.**
year **1940** hour **12:30** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **1937** -
19____, to **Dec. 21st**, 19**40**;
that I last saw him alive on **Dec. 19-1940**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Uraemia** Duration _____

Due to **Pneumonia Terminal**

Due to **Myocardial Failure & Aortic Regurgitation**

Other conditions **Congestive Type**

Major findings: **100** PHYSICIAN _____

Of operations _____
Of autopsy _____

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? _____

3/4 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Paul E. Brown** (M. D. or other) _____

Address **5400 Independence Ave** Date signed **12/21/40**

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.....

A. D. Blackman

Licensed Embalmer No.

3639

P. O. Address

R. C. 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.