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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42247

Registration District No. 29 Primary Registration District No. 413 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Otterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community Entire Life 2

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

3. (a) PRINT FULL NAME Mollie Francis Cooper
8. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph A. Cooper
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept. (Month) 3 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
63	2	15	hr. min.

9. Birthplace Cooper County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife 0.
11. Industry or business 0
FATHER 12. Name Wm. Simms
13. Birthplace Cooper County Mo 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mattie Murphy
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Maggie Cooper
(b) Address Otterville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Otterville Mo.
18. (a) Signature of funeral director L. F. Parker
(b) Address Otterville Mo.
19. (a) 12-19-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1940 hour 6 minute 45 p M.
21. I hereby certify that I attended the deceased from June 1 1940, 19..., to Nov 17 1940, 19..., that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular Lesion	2 yrs
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations no Surgery	
Of autopsy ✓	

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 [illegible] (M. D. or other)
Address Otterville Mo Date signed 11/19/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-31-40

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 Myself, Registered Apprentice No. _____ working under my personal supervision.

Signed Lucius F. Parker

Licensed Embalmer No. 3840

P. O. Address Ottoville, Mo

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

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