

Registration District No. **378**Primary Registration District No. **4222**Registrar's No. **90**

1. PLACE OF DEATH:

Howard,
(a) County **Fayette,**
(b) City or town **Fayette,**
(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 _____
(Specify whether _____)
In this community _____
years, months or days **2**

3. (a) PRINT FULL NAME **Elizabeth Lee Cooper.**

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

4. Sex **Female** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Clabe Cooper,** 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **Jan, 22nd 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months **11** Days **4** ^{1/2} If less than one day _____ hr. _____ min.

9. Birthplace **Fayette,** **MO**
(City, town, or county) (State or foreign country)10. Usual occupation **#** **0**

11. Industry or business _____

MOTHER FATHER
12. Name **Clabe Cooper.** **0**
13. Birthplace **Missouri,** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Stimmons,**
15. Birthplace **Missouri,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Cooper,**(b) Address **Fayette, Mo.**17. (a) **Burial,** (b) Date thereof **12-27th 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **City Cemetery.**18. (a) Signature of funeral director **Guy T. Halley.**(b) Address **Fayette, Mo.**19. (a) **12-27-40** (b) **Oliver P. Lindal**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri, **Howard**
(a) State _____ (b) County _____
(c) City or town **Fayette,**
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27**
year **1940** hour **3** minute **10** AM.21. I hereby certify that I attended the deceased from **Sept 12-27, 1940** to **12-27, 1940**
that I last saw her alive on **Sept - 12 - 27, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute laryngitis (non-specific) 48 hrs.**
Valvular heart disease

Due to _____

Due to **42.2**Other conditions **Rickets -**
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
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? _____

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

23. Signature **M. P. Reese, MD** (M. D. or other) _____Address **Fayette, MO** Date signed **12-27-40**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-41

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 Guy T. Haining
Licensed Embalmer No. 2966
P. O. Address Jayville, 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.