

STANDARD CERTIFICATE OF DEATH

State File No. **43571**

Registration District No. **770 322** Primary Registration District No. **5429 5446** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene North-Franklin
(b) City or town Brighton F.D. #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4 miles South of Pleasant Hope
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all of life years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Folk Green
(c) City or town Brighton Route #1
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles South of Pleasant Hope
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Thomas Jefferson Cooper

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 8. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ama Cooper 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 20, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Cooper

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Blackwell

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Cooper

(b) Address Brighton, Mo.

17. (a) Burial (b) Date thereof Dec 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murray Cemetery near Wildard, Mo.

18. (a) Signature of funeral director W. D. Erwin

(b) Address Pleasant Hope, Mo.

19. (a) _____ (b) 2921 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1940 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 10
1940 to Dec 20 1940
that I last saw him alive on Dec 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Stenosis of Heart

Due to ✓
Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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 (Specify type of place)
(e) Means of injury ✓

23. Signature W. E. Albright (M. D. or other) !
Address Pleasant Hope Mo. Date signed 12-28-40

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

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-4

Date Filed 1-2-41

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

Personally

, Registered Apprentice No. _____

working under my personal supervision.

Signed

William D. Curwin

Licensed Embalmer No. 3092

P. O. Address Salvian, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43571

Registration District No. 322

Primary Registration District No. 5476

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Brighton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi S of Pleasant Hope
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Palm
(c) City or town Brighton 3 H 1
(If outside city or town limits write "RURAL")
(d) Street No. 4 mi S of P Hope
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Thomas Jefferson Cooper

(b) If veteran, name war none (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

(b) Name of husband or wife Sarah Ann Cooper (c) Age of husband, or wife, if alive 63 years

7. Birth date of deceased Sept 20 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Green Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Cooper

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Blackwell

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. Cooper

(b) Address Brighton Mo

17. (a) Burial (b) Date thereof Dec 29 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murray Cemetery, Willard

18. (a) Signature of funeral director Willard B. Ewin

(b) Address Pleasant Hope

19. (a) Feb 20 1941 (b) Allan Barnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death myocardial stenosis of (1 year)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature J. Albright (M. D. or other)

Address Pleasant Hope Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-43571