

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1714

Do not use this space.

1. PLACE OF DEATH

(a) County Ballinger Registration District No. 69
 (b) Township Stoddard Mo. Primary Registration District No. 5104
 (c) City Stoddard Mo. (d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 8 How long in U. S., if of foreign birth? yrs. mos. ds. 7

2. PRINT FULL NAME

(a) Residence, No. Stoddard Mo. 2 St. Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ballinger County
(STATE OR COUNTRY) Missouri13. NAME Everett Cooper14. BIRTHPLACE (CITY OR TOWN) Stoddard Co
(STATE OR COUNTRY) Mo.15. MAIDEN NAME May Bradshaw16. BIRTHPLACE (CITY OR TOWN) Stoddard County
(STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Everett Cooper
Stoddard, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Point Mo. DATE Nov 24 194019. FUNERAL DIRECTOR (NAME) Glen D. Morgan
(ADDRESS) Advance Mo.20. FILED 723 1941 Mrs John Berry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1940, to November 24, 1940
 I last saw him alive on Nov. 23, 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Injuries at birth
lig.

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) E.C. Masters M.D.

(Address) Advance Mo.

RETURN TO COUNTY CLERK, INDIANAPOLIS
FEBRUARY 24, 1904
JAMES H. HARRIS

NEW STATE OF INDIANA

WILLIAM

STATE OF INDIANA

HEALTH AND SANITATION DEPARTMENT

DEPARTMENT OF HEALTH AND SANITATION

STATE OF INDIANA

DEPARTMENT OF HEALTH AND SANITATION

STATE OF INDIANA

DEPARTMENT OF HEALTH AND SANITATION

INDIANAPOLIS

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

Licensed Embalmer No. _____

P. O. Address _____

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.