No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED MAR 19 1940

Registration District No. 34

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

8390

State File No.

Primary Registration District No. 6097

Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bell City, Mo. Rt #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 15 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stoddard
(c) City or town Bell City, Mo. 103
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Rt. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME King Cooper
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Unknown (Month) (Day) 1863 (Year)

8. AGE: Years 77 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Cyrus Pullman
(b) Address Bell City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 40 (Month) (Day) (Year)
(c) Place: burial or cremation Pilgrim Rest
18. (a) Signature of funeral director Alden Ellis
(b) Address Silkston Mo.
19. (a) Feb 12-41 (Date received local registrar) (b) D. S. McGee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1940 hour 2 minute a M.
21. I hereby certify that I attended the deceased from Unattended, 19__, to ___, 19__;
that I last saw h___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Died Suddenly | |
| Due to Cerebral Hemorrhage | |
| Due to Previous Stroke about 2 yrs ago. | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy No.

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 John Wilson (M. D. or other)
Address Bloomfield Mo Date signed 10/11/40
Coroner

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 341-36
Date Filed 8/11/4

## 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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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, fact should be so stated above.**