

Registration District No. 29

Primary Registration District No. 4001

Registrar's No. 60

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barry County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town Monett
(If outside city or town limits, write "RURAL")
 (d) Street No. 411 2nd. St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joel Jefferson Cooper
 (b) If veteran, name war (c) Social Security No. 702-03-5872

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 21 year 1941 hour 1 minute 30 A.M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Pearl Bixler Cooper (c) Age of husband or wife if alive years
 7. Birth date of deceased July 13, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/16, 1941, to 2/21, 1941;
 that I last saw him alive on 2/20, 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 7 8 hr. min.

Immediate cause of death Bronchitis Pneumonia Cerebral Hemorrhage
 Due to Accidental fall
 Duration 2/19/41
2/20/41

9. Birthplace Fayetteville, Ark.
(City, town, or county) (State or foreign country)

Due to
 Other conditions 1 lb W
(Include pregnancy within 3 months of death)

10. Usual occupation R. R. Conductor
 11. Industry or business Frisco Ry. Co.

Major findings: 1 lb W
 Of operations
 Of autopsy
 PHYSICIAN MD
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name James Hamilton Cooper
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Natalie Keyes North
 15. Birthplace Fayetteville, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Don Maxey
 (b) Address Pine Bluff, Ark.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 2/16/41

17. (a) Burial (b) Date thereof Feb. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fayetteville, Ark.

(c) Where did injury occur? Monett Barry Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
30 Public Place

18. (a) Signature of funeral director Monett Mo.
 (b) Address Monett Mo.

While at work? no (Specify type of place)
 (c) Cause of injury fall in ditch

19. (a) Feb. 28, 1941 (b) Geo. W. Neuman, M.D.
(Date received local registrar) (Registrar's signature) (M. D. or other)

23. Signature Frank Ken (M. D. or other) MD
 Address Monett Mo. Date signed 2/21/41

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

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.....

J. D. Buchanan
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

J. D. Buchanan

Licensed Embalmer No.....

3129

P. O. Address.....

Monett 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.