

No. 2  
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17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 15 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15338

State File No. ....

Registration District No. 625-

Primary Registration District No. 9031

Registrar's No. 49

1. PLACE OF DEATH:

(a) County. Madaway

(b) City or town. Marionville Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution. None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None  
(Specify whether)

In this community. 5 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Worth

(c) City or town. Shaidan  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME. Benjamin Henry Cooper

3. (b) If veteran, name war. None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 41 hour 11 minute. 15 P.M.

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Ida Higgins Deard 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. July 30 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 21, 1941, to April 2, 1941  
that I last saw h. alive on April 1, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 8 Days 12 If less than one day hr. min.

Immediate cause of death. Central Thrombosis Myocardial degeneration

Due to. 927

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace. New Windsor Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

12. Name. Stephen A Cooper

13. Birthplace. Penn. 1  
(City, town, or county) (State or foreign country)

14. Maiden name. Lucretia Jeffre

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant. Albert H Cooper

(b) Address. 538 West 2nd St Marionville

17. (a) Burial (b) Date thereof. 4 14 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Daynor

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? \_\_\_\_\_

18. (a) Signature of funeral director. Calvin Bell Funeral Home

(b) Address. 921 South Main Marionville Mo

19. (a) Apr 22 1941 (b) Mamie E. Clardy  
(Date received local registrar) (Registrar's signature)

23. Signature. H. M. Wallis (M. D. or other) DMO  
Address Marionville Mo Date signed 4-3-41

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

4  
1  
2

**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..... 2630

P. O. Address..... Mangrove Me.

**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.**