

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 3310 Burnside
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years
(Specify whether years, months or days)

In this community 23 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert S. Cooper

3. (b) If veteran, name war 3. (c) Social Security No. 492-14-6124

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

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

7. Birth date of deceased Feb. 25 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>21</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Philadelphia Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian Corby Bldg.

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Clark N. Cooper

(b) Address 3310 Burnside St. Joseph, Mo.

17. (a) burial (b) Date thereof June 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Deaton, Bello & Brown

(b) Address St. Joseph, Mo.

19. (a) JUNE 18-1941 (b) H. H. Heston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. St. Charles Hotel 301 S 5th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 14 1941 to June 16 1941 that I last saw him alive on June 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Senility and Arteriosclerosis, General

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

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?

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

23. Signature C. E. Buchanan M.D. or other

Address 211 Kirkpatrick Bldg. Date signed 6-18-41

JUN 27 1944

19307. 18

RESIDENTIAL DISTRICT 8

19107 1930 21750 18

21307 30

191000 18 21307

19107 18

211. 7

2130

191000 18 2130

19107 18

211. 7

19107 18 2130

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 6/16/44

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm G Summerfield

Licensed Embalmer No. 3003

P.O. Address 319 S. 10th St. Joseph

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.