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FILED JUL 9 1944

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22239

State File No. \_\_\_\_\_

Registration District No. 953

Primary Registration District No. 5793-B

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural - ~~Flaw Creek~~  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Morgan

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

(d) Street No. Haw Creek  
(If rural, give location)

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

3. (a) PRINT FULL NAME James Wylie Cooper

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE

5. Color or race White

6. (a) Single (b) Widowed  
widowed, divorced, married

6. (b) Name of husband or wife Mary Hughes

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: JAN 24 1854  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Arthur Y. Cooper

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

14. Maiden name Mary Kindrick

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

16. (a) Informant Maunie Cooper

(b) Address Glensted, Missouri

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glensted Cemetery

18. (a) Signature of funeral director J. F. Kidwell

(b) Address Versailles Missouri

19. (a) June 7 1944 (b) James W. Cooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 IN  
year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
~~that death occurred on the date and hour stated above.~~

Immediate cause of death Endocarditis

Due to Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Corner's Jury findings after inquest

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

531 (Specify type of place)

While at work \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature L. E. Buchanan (Printer other) \_\_\_\_\_

Address Versailles Date signed 6-6-41

71

Duration  
Unknown

"

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1120

Date Filed 7-8-41

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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

*Gene Barton*  
.....  
Licensed Embalmer No. 4021

P. O. Address Wesville, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

1433 If this body is not embalmed, fact should be so stated above.