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

...TMENT OF COMMERCE
...UREAU OF THE CENSUS
AUG 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26369

Registration District No. 834 Primary Registration District No. 6097 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Stoddard Dr. Bo. Tes

(b) City or town ~~Bloomfield (Rural)~~ 0
(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 ..... (Specify whether
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 03

(c) City or town Bloomfield, (Rural) 0
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CLARA M. COOPER

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex / Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband ~~or wife~~ J. M. Cooper

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

7. Birth date of deceased March (Month) 11, (Day) 1881 (Year)

8. AGE: Years 60 Months 4 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name W. T. Henson
13. Birthplace --------- (City, town, or county) ( ) Missouri (State or foreign country)

MOTHER
14. Maiden name Jane Cates
15. Birthplace ------ (City, town, or county) ( ) Missouri (State or foreign country)

16. (a) Informant J. M. Cooper
(b) Address Bloomfield, Mo. Route # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) July 24, 1941 (Date received local registrar) (b) D. S. McGee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1941 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from ....., 1939, to July 17, 1941; that I last saw her alive on July 11, 1941, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer + other malignant tumors of digestive tract & peritoneum

Due to .....

Due to 55 e

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 E. C. Masters (M. D. or other) D
Address Advance, Mo. Date signed July 22, 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 841-1118
Date Filed 8-15-41

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 Joan Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

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

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