No. 2
-12-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31640

Registration District No. 379 Primary Registration District No. 492 Registrar's No.

1. PLACE OF DEATH
(a) County Howard
(b) City or town Glasgow (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
In this community 66 yrs. 6 mos. 17 days (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Mary Cooper
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race Black
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Cooper
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased July (Month) 20 (Day) 1875 (Year)

8. AGE: Years 66 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none
FATHER
12. Name David Lewis
13. Birthplace Brunswick (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Chany Sweeney
15. Birthplace Glasgow (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Anna Mae Cooper
(b) Address Glasgow Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery, Glasgow Mo
18. (a) Signature of funeral director Edwin Simmons
(b) Address Glasgow Mo
19. (a) 9-9-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1941 hour 4 minute 40 A.M.
21. I hereby certify that I attended the deceased from 8-4, 1941, to 8-4, 1941 that I last saw her alive on 8-4-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 3
Due to Hypertension — Duration 3
Due to
Other conditions (Include pregnancy within 3 months of death) 93
Major findings:
Of operations
Of autopsy

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 0
23. Signature [illegible] (M. D. or other)
Address Glasgow Mo Date signed 9-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Municipal Health Officer No. 8,
District File Number 10-9-41
Date Filed

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 E W Friemouth, Registered Apprentice No. ..... working under my personal supervision.

Signed E W Friemouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, Mo

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

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