

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41665

State File No. _____

Registrar's No. 357

FILED JAN 23 1942/3
Registration District No. _____

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution Jefferson City Hospital
(d) Length of stay: In hospital or institution 15 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Albert Cooley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Ann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 13 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Meta Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name John Cooley
13. Birthplace Harrisburg Mo
(City, town, or county) (State or foreign country)
14. Maiden name Moberly Mo
15. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Ann Cooley
(b) Address Postview Addition
17. (a) Burial (b) Date thereof 12-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director John Sevier
(b) Address 700 Jefferson
19. (a) Dec 23-1941 (b) Norma Becker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. Eastmont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 1 minute 31 A.M.
21. I hereby certify that I attended the deceased from June 10
1941 to Dec 22 1941
that I last saw him alive on Dec 22 1941
and that death occurred on the date and hour stated above.
Immediate cause of death arteriosclerosis Duration _____
Heart
Due to arteriosclerosis
Due to arteriosclerosis

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

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?

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

23. Signature John Sevier (M. D. or other) MD
Address Jefferson City Date signed 12/24/41

894 (Licensed Embalmer's Statement on Reverse Side)

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

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

L. H. Anderson

Licensed Embalmer No.

3641

P. O. Address

Jeff City, Mo.

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.

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