

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41752

State File No. _____

Registrar's No. _____

Registration District No. 280

Primary Registration District No. 5391

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Drury, Mo. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home - RFD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE years, months or days

3. (a) PRINT FULL NAME

CECIL Cooley

3. (b) If veteran,

name war No

3. (c) Social Security

No. No

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FAIRFAX Cooley 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 29 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name Columbus Cooley
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Viola Cooley
15. Birthplace Missouri D
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) Burial (b) Date thereof Dec. 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director James Barber

(b) Address mtn Grove, mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town DRURY
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (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 10 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 29 1941 to Dec 10 1941
that I last saw him alive on 11-22-41 and that death occurred on the date and hour stated above.
Immediate cause of death lung

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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? _____

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

23. Signature W. J. Vanner (M. D. or other) _____
Address W. J. Vanner Date signed 12/16

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 142-107

Date Filed JAN 12 1942

JAN 19 1942

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

Russell Barber

Licensed Embalmer No.

9848

P. O. Address

mtg, Hove, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41752

Registration District No.

286

Primary Registration District No.

5391

Registrar's No.

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Rural
(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 _____ years, months or days)

3. (a) PRINT
FULL NAME

Cecil Cooley

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

m

5. Color or
race

w

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

m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

10 - 4 - 19
(Month) (Day) (Year)

8. AGE:

Years

29

Months

2

Days

6

If less than one day

_____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Willie Hutcherson

(b) Address

no

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

2/2/42
(Date received local registrar)

(b)

Theresa S. Waters
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
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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 _____ (M. D. or other)

Address _____ Date signed _____

WRITE IN FAIRLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-41752