DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 1077

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3831

Primary Registration District No. 6088

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Shannon

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural near Summersville

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shannon

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: NANCY A COOPER

(b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Eli Cooper

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

7. Birth date of deceased: Apr (Month) 19 (Day) 1863 (Year)

8. AGE: Years 78 Months 8 Days 13 If less than one day hr. min.

9. Birthplace: Franklin Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: none

FATHER 12. Name: Stevens

13. Birthplace: Dont know (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Martin Sandy

15. Birthplace: Dont know (City, town, or county) (State or foreign country)

16. (a) Informant: Monroe Plowman

(b) Address: Summersville MO

17. (a) Burial, cremation, or removal: Rural (b) Date thereof: 12-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Flat Rock cemetery

18. (a) Signature of funeral director: none

(b) Address

19. (a) 12-13-41 (Date received by local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1941 hour 10 AM minute M.

21. I hereby certify that I attended the deceased from * on 19 On Dec. 2 1941; that I last saw her alive on 12-2 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart attack

Due to: arthritis

Due to: Hypertension

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: Dr. Jm Reeds (M. D. or other)

Address: Summersville Date signed 12-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 14221
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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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

No. 2B
8-21-41
I X29268

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3831

Registration District No. 1077 Primary Registration District No. 6088 Registrar's No.

1. PLACE OF DEATH:
(a) County: S Langton
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Nancy A. Cooper
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Apr. (Month) 14 (Day) 1863 (Year)

8. AGE: Years 78 Months 8 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Heart attack
Due to: This was a bedridden case for 4 yr. from arthritis. died
Due to: with out recent med. attention.
Probably Myocarditis.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 93 e
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY