

FILED MAR 26 1942

Registration District No. 27

Primary Registration District No. 10.02

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

1. PLACE OF DEATH:

(a) County: Jackson  
(b) City or town: Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1527 White  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 55 years  
In this community: 55 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48  
(c) City or town: Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No.: 1527 White  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME

Mrs Emma Rena Cooper

3. (b) If veteran, name war: No

3. (c) Social Security No. No

4. Sex: Female 1 race: white  
5. Color or race: white  
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: W. E. Cooper  
6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: December 28 1897  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 5  
If less than one day hr. min.

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

10. Usual occupation: housewife

11. Industry or business:

12. Name: Frank Schweikhaus

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

14. Maiden name: Augusta Krafft

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

16. (a) Informant: Mrs Hattie B. Marsh

(b) Address: 1527 White

17. (a) (b) Date thereof: 3-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation: Kansas City Mo

18. (a) Signature of funeral director: R. W. Newcomer

(b) Address: 26 Mo  
19. (a) 3/4/42 (b) H. M. Crowe  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: third year: 1942 hour: 4 minute: 30 A.M.

21. I hereby certify that I attended the deceased from March February twenty third 1942 to March 3 1942 that I last saw her alive on March 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction  
Duration: 8 days

Due to: Adynamic illness

Due to: I. I. P.

Other conditions: Chronismyocarditis 5 years  
(Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

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: R. W. Newcomer

Address: 303 Almaine Blvd date signed 3/3/42

**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.....

.....  
working under my personal supervision.

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

Signed

*C. Hervey Quisenberry*

..... Licensed Embalmer No. ....

..... P. O. Address .....  
*A. C. 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.**