S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

Registration District No. 9429

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5267

Registrar's No. 790

**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: K.C.General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks, (Specify whether
In this community 3 years, years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 111 East 39th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? x years. 0

3. (a) PRINT FULL NAME COOPER, MINNIE B.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, / divorced Married,
6. (b) Name of husband or wife Ernest Cooper,
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January (Month) 15 (Day) 1886 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 1 | 9 | hr. min. |

9. Birthplace Iowa, (City, town, or county) / (State or foreign country)
10. Usual occupation at home,
11. Industry or business x
FATHER
12. Name Frank Mason,
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ernest Cooper,
(b) Address 111 East 39th St., Kansas City, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2/26/42 (Date received local registrar) (b) M. M. Crows (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 24th
year 1942 hour 7 minute 22 P. M.
21. I hereby certify that I attended the deceased from 2-7-42, 19__, to 2-24-42, 19__;
that I last saw her alive on 2-24-42, 19__;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac decompensation | |
| Due to 95c | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy None | |

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 Lucy R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 2-25-1942

(Licensed Embalmer's Statement on Reverse Side)

## 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 with the above constitutes grounds for revocation of license.)**

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