

FILED MAR 20 1942

Registration District No. _____

Primary Registration District No. 4098

Registrar's No. _____

21
60

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

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick, Tenn.
(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 RACHEL COOPER

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased MAY 6 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

MOTHER, FATHER

12. Name Alex Harris
13. Birthplace Chariton Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Bertha Miner
15. Birthplace Chariton Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ben Cooper

(b) Address Brunswick Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo.

18. (a) Signature of funeral director Weyer, Brunswick Mo.

(b) Address Brunswick Mo.

19. (a) 7-22-42 (Data received local registrar) (b) W. H. Kreyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Brunswick Mo. (If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-8-41, 1941 to 2-18-42, 1942; that I last saw her alive on 2-18-42, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94A

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? _____

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

23. Signature John M. Nelson (M. D. certifying) Address Brunswick Mo Date signed 2/20/42

RECEIVED

District Health Officer No. 8,
Coronavirus Sclerosis

RECEIVED

District Health Officer No. 8,
3-19-42

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.....

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

working under my personal supervision.

Signed

John H. Meyer

Licensed Embalmer No.

3730

P. O. Address

Brienswick, Md.

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, above space should be left blank.