S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11161

FILED APR 10 1942

Registration District No. 42-9-470 Primary Registration District No. 4283 Registrar's No. 44

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

055 3 0

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mt. Vernon
(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: Missouri (b) County: Lawrence 055 3 0
(c) City or town: Mt. Vernon
(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: 0

3. (a) PRINT FULL NAME: Frank. Elmer. Cooper
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No. 493-16-1462
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Margaret
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Feb (Month) 22 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
70		29	hr. min.

9. Birthplace: Philadelphia (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name:
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: "
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: H. D. Fassett
(b) Address: Mt. Vernon, Mo.
19. (a) Mar 19-42 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 7 day 19th year 1942 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 15 1941, to Mar. 19 1942, that I last saw him alive on Mar. 19 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular heart disease (Mitral)	10 mo +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 92 b	
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)
(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: 0
23. Signature: P. A. Holmes (M. D. or other)
Address: Mt Vernon Date signed: 3-21-42

1182 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-467
Date Filed APR 9 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 Max L. Fossett, Registered Apprentice No. 168, working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon Me

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.