

FILED APR 13 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital # 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis
(c) City or town RR # 5 Sedalia mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Mar 1, 1942 to Mar 8, 1942
that I last saw him alive on Mar 8 - 4 20
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
Due to Reflex 2. WHO

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
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? _____

While at work? _____ (Specify type of place) (e) Means of injury Stroke
23. Signature W. H. ... (M. D. or other)
Address 119 1/2 W 7th Date signed 3/12

3. (a) PRINT FULL NAME ALGESTA COOPER

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

4. Sex F 3. (a) Single, widowed, married, divorced married
5. Color or race Col

6. (b) Name of husband or wife Sam Cooper 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec 8 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Searcytown mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Jamerson

13. Birthplace Louisville Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Phillip Dentis

15. Birthplace Louisville Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Cooper

(b) Address RR # 5, Sedalia mo

17. (a) Burial (b) Date thereof 3-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Searcytown mo

18. (a) Signature of funeral director W. H. ...

(b) Address Sedalia mo

19. (a) 3/12/42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

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

6 of

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-10-42

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

F. D. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Hedalia

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 115-69

Registration District No. 668

Primary Registration District No. 3032

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
City Hospital no 2
(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 Almeta Cooper

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

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 49 Months 3 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day _____ year 1942 hour _____ minute 9 A.M.

21. I hereby certify that _____ attended the deceased from _____ 19 _____ 19 _____ that I last saw him _____ live on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
caused by
an attack of sub-acute
Suppurative Nephritis

Due to _____

Due to _____

Other conditions High Blood Pressure
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1318

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 M. B. Weather (M. D. or other) _____

Address 118 1/2 W. Main Date signed 3/12/42

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11569