

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Shell Knob, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Most of life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Shell Knob, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Manecia Caroline Cooper

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, Widowed

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

7. Birth date of deceased Records Burned
(Month) (Day) (Year)

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

9. Birthplace Mt. Grove, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Ben Cuthbert

13. Birthplace B/K. 9

14. Maiden name Martha Ann 9

15. Birthplace D. K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Cooper

(b) Address Stark City, Missouri

17. (a) Burial (b) Date thereof April 28 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shell Knob

18. (a) Signature of funeral director Horine and Culver

(b) Address Cassville, Missouri

19. (a) June 2, 1942 (b) Ed Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1942 hour 8 AM minute .. M.

21. I hereby certify that I attended the deceased from April 25 1942 to April 26 1942
that I last saw him alive on April 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of appendical abscess Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12111

Of autopsy

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 0

23. Signature Thermon T. Salzer (M. D. or N. D.)

Address Cassville, Mo Date signed

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

300

RECEIVED

District Health Officer No. 6,

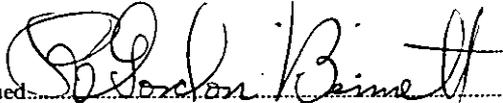
District File Number 642-778

Date Filed JUN 9 1942

JUN 11 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: 

Licensed Embalmer No. 4213

P. O. Address Cassville 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.