

S. No. 2
1-11-39
1-11-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21580

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 30

54
4
0

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

1. PLACE OF DEATH:
(a) County. Lafayette
(b) City or town. Odessa
(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. 40 Yrs.
In this community. 40 Yrs.
years, months or days

3. (a) PRINT FULL NAME. Janie Ethel Cooper
3. (b) If veteran, name war. No.
3. (c) Social Security No.

4. Sex. Female
5. Color or race. White
6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Feb. 17, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 0
If less than one day hr. min.

9. Birthplace. Lafayette Co., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation. At Home

11. Industry or business.

12. Name. M.K. Lillard
13. Birthplace. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name. Anne McCormack
15. Birthplace. Springfield, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant. Miss Hattie Lillard
(b) Address. Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof. June 19, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation. Odessa, Mo. Cemetery

18. (a) Signature of funeral director. L.C. Husman
(b) Address. Odessa, Mo.

19. (a) 6/19/42 (Date received local registrar)
(b) Mrs. W.F. Baker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Lafayette
(c) City or town. Odessa
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17
year 1942 hour 3:15 minute A.M.
21. I hereby certify that I attended the deceased from April 8, 1942, June 17, 1942
that I last saw her alive on June 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of large bowel
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of large bowel
Of operations
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?

While at work? (Specify type of place)
(c) Means of injury
23. Signature. J.P. M... (M. D.)
Address. Odessa, Mo. Date signed 6/19/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-6-42

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 _____

Erving L. Kusman

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2541

P. O. Address Odessa, 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, above space should be left blank.