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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37559

State File No.

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 78

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution: St Michael Twp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison 62 0

(c) City or town Fredricktown Mo Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. St Michael Twp
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Not named at death Cooper

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

4. Sex M 5. Color or race W 6. (a) Single, ~~widowed, married,~~ divorced 0

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

7. Birth date of deceased Nov. (Month) 6 (Day) 1942 (Year)

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

9. Birthplace Fredricktown Mo (City, town, or county) Rural 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Arthur Cooper
13. Birthplace Viola Ark 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy M. Meador
15. Birthplace Patterson Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Cooper
(b) Address Fredricktown Mo Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Patterson Mo

18. (a) Signature of funeral director Ed. H. Webb
(b) Address Fredericktown Mo

19. (a) Nov 7 1942 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature) By C. D. Schwanz

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th year hour 11 30 minute A M.

21. I hereby certify that I attended the deceased from 11 6, 1942 to 11 - 6, 1942; that I last saw him alive on 11 - 6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Not known

Due to

Other conditions Placenta previa
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

159

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 M Harry Barron (M. D. ~~or other~~)
Address Fredricktown Mo Date signed 11/7-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 3
District File Number 1242-1421
Date Filed 12-7-42

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 Was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.