

FILED DEC 30 1942

Registration District No. _____

Primary Registration District No. 6651

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Steelville
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 110
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME

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

4. Sex F 5. Color or race W 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 June 20 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Worn wife

11. Industry or business _____
MOTHER FATHER { 12. Name Ernest P. Grump
13. Birthplace Palmer mo (City, town, or county) (State or foreign country)
14. Maiden name Margie Sanders
15. Birthplace Helsah mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Hettie Puckett
(b) Address Steelville mo

17. (a) Burial (b) Date thereof Nov 22 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Weyman

18. (a) Signature of funeral director W. J. Sparks
(b) Address W. J. Sparks

19. (a) 10 1944 (b) W. J. Schmitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1942 hour 3 minute 9 M.
21. I hereby certify that I attended the deceased from Nov 18, 1942 to Nov 20, 1942
that I last saw her alive on Nov 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of heart
Due to _____ Duration 4 yrs
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 92d

Major findings: 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) (e) Means of injury _____
23. Signature Rob. Parker (M. D. or other) _____
Address Steelville mo Date signed 11-27-42

1307

WARRIE PLAINLI—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 19351

RECEIVED

District Health Officer No. 5,

District File No. 12-421078

Date Filed 12-29-42

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 Eugene Sparks
Licensed Embalmer No. 4287
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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 40597
Registrar's No. 14

Registration District No. 88

Primary Registration District No. 4151

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

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution: at home - none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

In this community 1 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington

(c) City or town Near Berryman
(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 _____

3. (a) PRINT FULL NAME Mary T Cooper

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

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

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

7. Birth date of deceased June 20 1942
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Paul P Crump

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

14. Maiden name Margie Sanders

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 1942 year. Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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)

(b) 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. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

