No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

Registration District No. 50

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5962

State File No.

Primary Registration District No. 5179

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Camdenton Rural 2W
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home - Cooper Farm 1 R.R.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

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

(d) Street No. R.R. —
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Franklin Cooper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Wht

6. (a) Single, widowed, married, divorced 0 single

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 22 (Day) 1875 (Year)

8. AGE: Years 67 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Cedar County Mo (City, town or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name John H Cooper
13. Birthplace 4 Germany (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Barfield
15. Birthplace Taylorville Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Bennie Whitlock
(b) Address Camdenton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17-1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Roach Cem

18. (a) Signature of funeral director Bankson Woolery
(b) Address Camdenton, Mo

19. (a) Jan 8-1943 (Date received local registrar) (b) LaVerna Hopkins (Registrar's signature)

1153

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year (1942) hour 8 minute P M.

21. I hereby certify that I attended the deceased from December 8, 1942 to December 15, 1942 that I last saw him alive on December 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ulcer of stomach Chronic accompanied by marked hemorrhoids	1942
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

117a

Major findings:
Of operations none
Of autopsy no

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 [illegible] (Yes or no)

Address Camdenton, Mo. Date signed 1/8/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-43-8
Date Filed 2-2-43

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden-on-Gauley, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.