

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13103

State File No.

1785

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7016 E 12th St Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) **45 years**

3. (a) PRINT FULL NAME **Mrs. Ethel A. Cooper**3. (b) If veteran, name war. --- 3. (c) Social Security No. **None**4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced. **Married**6. (b) Name of husband or wife **Wiley E. Cooper** 6. (c) Age of husband or wife if alive. **58** years7. Birth date of deceased **Feb. 20, 1898**
(Month) (Day) (Year)8. AGE: Years **45** Months **1** Days **25** If less than one day hr. min.9. Birthplace **Independence Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Homemaker**

11. Industry or business

12. Name **Chris Keok** No Record **9**

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

14. Maiden name **Minnie Walden**15. Birthplace (City, town, or county) (State or foreign country) No Record **9**16. (a) Informant **Mr. Wiley E Cooper**(b) Address **7016 E 12th St Terrace K.C.Mo.**17. (a) **Burial** (b) Date thereof **Apr. 17-45**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Woodlawn Cemetery Indep. Mo.**18. (a) Signature of funeral director **Shell Funeral Home**(b) Address **6606 Indep Ave. K.C.Mo.**19. (a) **4-15-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **7016 E 12th St Terrace**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
year **1943** hour **3** minute **AM** M.21. I hereby certify that I attended the deceased from **March 15, 1943**, to **April 15, 1943**,
that I last saw her alive on **April 11, 1943**,
and that death occurred on the date and hour stated above.Immediate cause of death **Mitral Regurgitation** Duration **2 wks?**Due to **Persistent Cough** **26-3 wks**
BronchitisDue to **mal-nutrition**
lived in crowded homeOther conditions (Include pregnancy within 3 months of death) **92B**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? **Mo.**

While at work? (Specify type of place) (e) Means of injury.....

23. Signature **E. H. Reilinger** (M. D. or other)Address **520 Pugh Bldg.** Date signed **4/15-1943**

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

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. H. Zallinger

Argyle Bldg.

Ha 4606

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.....

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.