S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 131042

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1629

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: HOME 12610 Park (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 yrs. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEACEASED: 48

(a) State MISSOURI (b) County JACKSON 3

(c) City or town KANSAS CITY, MISSOURI 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2610 PARK AVE (If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM HENRY COOPER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MYRTLE COOPER

6. (c) Age of husband or wife if alive 57

7. Birth date of deceased 6 (Month) 30 (Day) 1879 (Year)

8. AGE: Years 63 Months 9 10 Days 3 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER 12. Name JEFF COOPER

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

MOTHER 14. Maiden name Jenny Cooper

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

16. (a) Informant Myrtle Cooper

(b) Address 2610 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Flynn & Greenwell

(b) Address 4/6/43 J. K. Flynn

19. (a) (Date received local registrar) (b) (Registrar's signature) M. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3 year 1943 hour 3:15 a minute A M.

21. I hereby certify that I attended the deceased from Apr 2, 1943, to 19..; that I last saw him alive on Apr 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Fever Heart Disease — Duration

Due to Chronic nephritis

Due to 131 13

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M. D.

Address 2434 Paseo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15 K.C. M

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.