

FILED JUL 13 1949

Registration District No. 449

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6-29--6/30/43  
(Specify whether  
In this community 26 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1022 Lydia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME HELEN COOPER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lawrence Cooper 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased January 28 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 5 2 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name John Carter  
13. Birthplace Lafayette County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Susie Gordon  
15. Birthplace Lafayette County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) 'Date thereof 7 4 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director Adrian Bern  
(b) Address 2000 E. 12th St. Mo.

19. (a) 7-3-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1943 hour 4:10 minute A M.  
21. I hereby certify that I attended the deceased from June 29 1943 to June 30 1943  
that I last saw h.e.r. alive on June 30 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebrovascular Accident Duration

Due to Essential Hypertension

Due to 0 30

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?

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

23. Signature B. E. Turner (M. D. or other)  
Address Gen. Hosp. #2-600 E. 22nd St. Date signed

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

MOTHER FATHER

---

---

**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.**