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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21519

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Iron County

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

(c) Name of hospital or institution: Ironton Hospital, Ironton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Washington 110

(c) City or town: Irondale, Mo. 0
(If outside city or town limits, write "RURAL.")

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

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

If yes, name country

3. (a) PRINT FULL NAME: Mary Ellen Cooper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Harry Cooper

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: August (Month) 13 (Day) 1890 (Year)

8. AGE: Years 52 Months 10 Days 7 If less than one day hr. min.

9. Birthplace: White Co. Ark. (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: Mathew Harvell
13. Birthplace: Cairo, Ill. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Ella Hoffman
15. Birthplace: Arkansas (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Harry Cooper
(b) Address: Irondale, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mine La Mote

18. (a) Signature of funeral director: Sparks Funeral Home
(b) Address: Flat River, Mo.

19. (a) 7-2-43 (Date received local registrar) (b) Virgina R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1943. hour 16:45 minute 8 P. M.

21. I hereby certify that I attended the deceased from 6/13 1943 to 6/20 1943 that I last saw her alive on 6/20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Typhoid Fever — Duration: 3 weeks

Due to:

Due to: Acute cystitis 21 days

Other conditions (Include pregnancy within 3 months of death): Chronic nephritis ?

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: R. E. Harland (M. D. or other) M. D.

Address: Ironton, Mo. Date signed 6/25/43

1285 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 743-2394
Date Filed 7-7-43

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River Mo.

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.