

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 177

FILED SEP 13 1943

Registration District No. 324

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:  
East North St.  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall  
(If outside city or town limits, write "RURAL")

(d) Street No. 309 East Vest  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Belle Cooper

3. (b) If veteran, name war #

3. (c) Social Security No. \$

4. Sex Female / Color or race White

5. Color or race White

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

6. (b) Name of husband or wife David L. Cooper

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 9 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>2</u>	<u>20</u>	hr. min.

9. Birthplace Munroe Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Granville P. Grimes

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

14. Maiden name Mildred Gwynn

15. Birthplace Munroe Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Cooper

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Aug 31, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director J. Pauli Perry

(b) Address Marshall, Mo.

19. Sept 14 1943 Mo. T. O. Westbrook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29  
year 1943 hour 9:30 minute P.

21. I hereby certify that I attended the deceased from 1941 to 1943  
that I last saw him alive on Aug 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Cerebral Hypoplexy

Due to Alcohol - Arteriosclerosis

Due to

Other conditions 93 91  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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 J. P. Lawrence (M. D. or other)  
Address Marshall, Mo. Date signed Sept 1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-10-43

OCT 22 1943

JAN 25 1945

**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 J. Leslie Surrency  
Licensed Embalmer No. 3235

P. O. Address Marshall, Va

**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.