

3. No. 2
1-5-42
5-17-39
1 x 1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 5-1943

Registration District No. 62

Primary Registration District No. 4108

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Cedar

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

(c) Name of hospital or institution: / XXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. XXX
(Specify whether)

In this community. XXX
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

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

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

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

3. (a) PRINT FULL NAME May Cooper

3. (b) If veteran, name war. XX

3. (c) Social Security No. XXX

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife G. W. Cooper

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

7. Birth date of deceased May 1, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	9	XXXXXXXX min.

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

10. Usual occupation Housewife

11. Industry or business XXX

12. Name Isac Hacker

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

14. Maiden name Matilda Hembree

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

16. (a) Informant J. A. Cooper

(b) Address 831 S. VALLEY, K.E.K.

17. (a) Burial (b) Date thereof 9-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Gemetary

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 10-1-43 (b) Mrs. Ethel Church
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1943 hour 8: minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1943 to Sept. 10, 1943; that I last saw her alive on Sept. 9, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast

Due to Carcinoma of uterus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - 48 P

Of autopsy -

Duration 6 weeks

8 months

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

Signature J. A. Cooper (M. D. or other) J. A. Cooper

Address Stockton Mo. Date signed 9-12-43

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

RECEIVED

District Health Officer No. 7,

District File Number 9-43-960

Date Filed 10-4-43

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton

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.