

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1943

Registration District No. 7

Primary Registration District No. 5694

Registrar's No. 112

59
00

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Rural Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. Liv. Co. Mo. Chillicothe Twp.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Joseph J. Cooper

3. (b) If veteran, name war. 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1943 hour ABOUT 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from None
....., 19....., to None....., 19.....;

that I last saw him alive on None....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Mary Cooper
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased Sept. - 20 - 1867
(Month) (Day) (Year)

Immediate cause of death Gun shot wound of right side of head.

8. AGE: Years Months Days If less than one day
76 0 27 - hr. 1 min.

Due to
Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations

11. Industry or business

12. Name John J. Cooper

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

14. Maiden name Amanda Lyle

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

16. (a) Informant Charles L. Cooper

(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof Sept 30 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Andersons Cems.

18. (a) Signature of funeral director James W. Gordon

(b) Address Chillicothe Mo.

19. (a) SEPT 30 (b) Lou Elba Cox
(Date received local registrar) (Registrar's signature)

Of autopsy XX

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Sept. 27, 1943

(c) Where did injury occur Chillicothe, Liv. Mo.
(City or town) (County) (State)

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

While at work? No (Specify type of place) Gun Shot wound
(c) Means of injury

23. Signature Reuben Barney, Coroner
Address Chillicothe, Mo. Date signed 9 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

164C

436

MAY 25 1944

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.....

James D. Gordon

Licensed Embalmer No. *1870*

P. O. Address. *Phillipco 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.