

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32226

State File No.

FILED OCT 9 1943

Registration District No. 269

Primary Registration District No. 5907

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele, Rural, Cooper
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 yrs 9 mo 24 da
In this community 3 yrs 9 mo 24 da
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Steele Rural
(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: 1

3. (a) PRINT FULL NAME Gleatus Alvin Cooper

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased November 3, 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 9 24 hr. min.

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

10. Usual occupation child

11. Industry or business "

MOTHER FATHER
12. Name Elion R. Cooper
13. Birthplace Dyer County Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sudie May Ballentine
15. Birthplace Ayers Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Sudie May Cooper

(b) Address Steele, Missouri

17. (a) Burial (b) Date thereof August 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemetery Steele, Mo

18. (a) Signature of funeral director German Uddt. Co.

(b) Address Steele, Missouri, Box #121

19. (a) OCT. 1 1943 (b) G. C. Simbaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th
year 1943 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Being accidentally struck by a truck driver and operated by Hubert Newby
Due to in a carless manner

Due to

Other conditions (Include pregnancy within 3 months of death) 1700-0

Major findings: Of operations 21

Of autopsy

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

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

(b) Date of occurrence Aug 28, 1943

(c) Where did injury occur? Steele Pemiscot, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway 61

While at work? no (Specify type of place) (e) Means of injury

23. Signature A. H. Atkinson (M. D. or other) Atkinson

Address Steele, Missouri Date signed 8/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1241 (Licensed Embalmer's Statement on Reverse Side)

9-43-290

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.