

S. No. 2
M-2-43
5-17-39
I X3587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32735

State File No. _____

Registrar's No. 84

FILED OCT 7 1943 37

Primary Registration District No. 4496

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

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville
(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 Mo. (b) County Shelby¹⁰²
(c) City or town Shelbyville
(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 no

3. (a) PRINT FULL NAME ANNA ELIZA COOPER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John Cooper 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 1 - 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 19 If less than one day 4 hr. 4 min.

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

10. Usual occupation House keeping

11. Industry or business _____

MOTHER { 12. Name James C. Clark
13. Birthplace Penn
14. Maiden name Isabelle Graham
15. Birthplace Ireland H
(City, town, or county) (State or foreign country) (State or foreign country)

16. (a) Informant Mrs Virgie Kelso

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof Sept 21 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation So. P. Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo

19. (a) Sept 7 1943 (b) Thaddeus Good
(Data received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 6
1943 to Sept 17, 1943
that I last saw her alive on Sept 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration _____

Due to chronic glomerular nephritis

Due to _____

Other conditions Scurlity
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Thaddeus Good (M. D. or other) MD
Address Shelbyville, Mo Date signed Sept 21 43

1043

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File No. ¹⁰⁻⁴³⁻¹⁶⁴⁴
OCT 6 1943

Date Filed

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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.