

NOV 5 1943 116
Registration District No.

Primary Registration District No. 3020

Registrar's No. 84

36
27255

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

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Washington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Union
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME S. A. Cooper

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 12, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Conductor

11. Industry or business Railroad

12. Name Barry Cooper

13. Birthplace County Cork, Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Emma Adams

15. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Cooper

(b) Address Union, Missouri

17. (a) Removal (b) Date thereof 10-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director W. H. [unclear]

(b) Address Union, Mo.

19. (a) 10-9-43 (b) Luella Ruthen Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1943 hour 9 minute 25 p. M.

21. I hereby certify that I attended the deceased from 9-15 to 10-7 that I last saw him alive on 10-6 and that death occurred on the date and hour stated above.

Immediate cause of death Dilated Aortic Aorta and Chronic Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

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?

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

23. Signature W. M. Lenny (M. D. or other) M. S.
Address Union, Mo. Date signed 10-8-43

Duration 1. Mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

1181

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..... *W. H. Horn*

Licensed Embalmer No. *3175*

P. O. Address..... *Union 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.