

S. No. 2
M-5-42
5-17-39
I X32975

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35952

State File No.

ED OCT 19 1943

Registration District No. 836

Primary Registration District No. 4493

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 4 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Birch Tree, Mo
(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: 0

3. (a) PRINT FULL NAME Bernard L. Cooper

3. (b) If veteran, name war: No

3. (c) Social Security No. No

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov 20th, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4

9. Birthplace: Birch Tree, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Bynum L. Cooper

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

14. Maiden name: Pearl Buffington

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

16. (a) Informant: Lizzie Buffington

(b) Address: Birch Tree, Mo

17. (a) Burial (b) Date thereof: Oct. 5th 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Birch Tree, Mo

18. (a) Signature of funeral director: John J. Haman

(b) Address: Mountain View, Mo

19. (a) 10-11-43 (b) Charles H. de M5
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 3
1943 to Oct 3 1943
that I last saw him alive on Oct 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cause undetermined Duration 10hr

Due to:

Due to:

Other conditions:

Major findings: 2000

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?

(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: R. S. Davis (M. D. or Other)

Address: Birch Tree Mo Date signed: 10/7-43

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

744

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

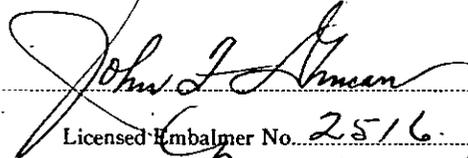
District File Number 1043623

Date Filed 10-15-43

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.....



Licensed Embalmer No. 2516

P. O. Address Sturtevant Ave

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.