

FILED DEC 9 1943

Registration District No. _____

Primary Registration District No. 5069

State File No. _____

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural (Lamar Twp)
(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) 1
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Thomas Cooper

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mayne Cooper 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 1st, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Jefferson CO, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James O. Cooper

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

14. Maiden name unknown

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

16. (a) Informant Mrs Mayne Cooper

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 11-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery
River Funeral Home

18. (a) Signature of funeral director Martha River
Lamar, MO.

(b) Address _____
19. (a) 11-13-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 11th day _____
year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 8
1943 to Nov 11 1943

that I last saw him alive on Nov. 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to _____

Due to _____

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

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 C. E. Duckett (M. D. or other) MD.
Address Lamar Mo. Date signed 11-12
1943

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1341

Date Filed DEC 7 1943

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.