

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41576

State File No. _____
Registrar's No. 145-8

FILED JAN 12 1944
Registration District No. 72

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(d) Length of stay: In hospital or institution 21 days
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(d) Street No. 1313 Sacramento Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jimmie Louanna Cooper

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

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

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

7. Birth date of deceased July 23, 1934

8. AGE: Years 9 Months 4 Days 28

9. Birthplace McFall, Missouri

10. Usual occupation Student

11. Industry or business Neely School

12. Name Herschel E Cooper

13. Birthplace McFall, Missouri

14. Maiden name Lulu Muriel Young

15. Birthplace Martinville, Missouri

16. (a) Informant Herschel E. Cooper

(b) Address 1313 Sacramento Street

17. (a) Burial (b) Date thereof 12/27/43

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director

(b) Address 319 So. 10th Street

19. (a) 12/22/43 (b) Registrar's signature

20. DATE OF DEATH: Month December day 21st year 1943 hour 7:00 minute 25 p.m.

21. I hereby certify that I attended the deceased from November 30, 1943 to December 21, 1943 that I last saw her alive on December 21st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Toxemia due to burns
Duration 22 days

Other conditions: 181-1 79

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) (c) Means of injury

23. Signature: Social Welfare Board 12/22/43
Address: _____ Date signed: _____

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

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.....

Frank A. Bowring

Licensed Embalmer No.....

1710

P. O. Address.....

St Joseph 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.