

FILED JAN 13 1944

Registration District No. 337

Primary Registration District No. 4497

Registrar's No. 104

102  
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6

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

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Clarence  
(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 \_\_\_\_\_ (Specify whether)  
In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby  
(c) City or town Clarence  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME

Thomas Lewellyn Cooper

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lutie Cooper

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased APR 7 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Hardware Merchant

12. Name Ed Cooper

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

14. Maiden name Pagers

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

16. (a) Informant Mr Tom Cooper

(b) Address Clarence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Wood, Clarence

18. (a) Signature of funeral director G. E. ...

(b) Address Clarence Mo

19. (a) Dec 10 43 (Date received local registrar) (b) Malley Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1943 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 4, 1943 to Dec 6, 1943  
that I last saw him alive on Dec 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to arteriosclerosis  
Due to \_\_\_\_\_

Other conditions Paralysis of left arm  
(Include conditions within month of death) hemiplegia

Major findings: Of operations \_\_\_\_\_ Of autopsy gla

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) (a) Means of injury \_\_\_\_\_  
23. Signature D. L. Hagan M.D. (M. D. or other)  
Address Clarence Mo Date signed \_\_\_\_\_

FEB 21 1944

**RECEIVED**

**District Health Officer No. 10**

District File Number 1-44-183

Date Filed JAN 12 1944

**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..... *Louis C. Hopper*

Licensed Embalmer No. 1261

P. O. Address..... Clarence, 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.