DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1944

Registration District No. 290

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3995

Primary Registration District No. ~~5283~~ 4428

Registrar's No. (2) 10

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

1. PLACE OF DEATH:

(a) County: Pulaski

(b) City or town: Richland
(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)

(d) Length of stay: In hospital or institution: DOA
In this community: 1 yr, 4 mo, 27 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED: 085

(a) State: Missouri (b) County: Pulaski

(c) City or town: Richland
(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: Ross A. 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: Alice Mary

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

7. Birth date of deceased: November (Month) 15 (Day) 1919 (Year)

8. AGE: Years 24 Months 1 Days 24 If less than one day: hr. min.

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

10. Usual occupation: Soldier-U.S.Army-37373549

11. Industry or business: T/4, Det Med Dept. (MRDS) Sta Hosp

MOTHER FATHER

12. Name: Jess F. Cooper

13. Birthplace: -- (City, town, or county) 9 (State or foreign country)

14. Maiden name: Maude E.

15. Birthplace: 9 (City, town, or county) (State or foreign country)

16. (a) Informant: U. S. Army Records

(b) Address: Ft Leonard Wood, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-12-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Lawn

18. (a) Signature of funeral director: W.E. Hoelman

(b) Address: Lebanon Mo

19. (a) Jan 10 1944 (Date received local registrar) (b) Robert Murray Mo (Registrar's signature)

1-22-1944 Chas M Rowell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1944 hour Approx 9 minute A.M.

21. I hereby certify that I attended the deceased from -- , 19..., to -- , 19...; that I last saw him alive on -- , 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Burns, fourth degree of entire body with partial destruction. — Duration

Due to: explosion of stove

Due to:

Other conditions: -- (Include pregnancy within 3 months of death)

Major findings: --
Of operations:

Of autopsy: --

PHYSICIAN — Underline the cause to which death should be charged statistically.

18-1
15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident 085

(b) Date of occurrence: January 9, 1944

(c) Where did injury occur? Richland (City or town) Pulaski (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury: explosion of stove

23. Signature: Walter J. Jolly Capt M.C. (M. D. or other) 215

Address: Ft Leonard Wood, Mo. Date signed: 10 Jan 44

(Reverse Side) Statement on Reverse Side)

FEB 7 1934

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. E. Holman

Licensed Embalmer No. 407

P. O. Address Lebanon 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.