

FILED FEB 24 1944

State File No.

613

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 811 Tracy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town K.C.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 811 Tracy (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME

Zachary Cooper

3. (b) If veteran, name war —

3. (c) Social Security No. 496-01-1124

4. Sex M 5. Color or race Colored 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Douglass Cooper 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 6 1893  
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Clarksdale Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Koenigsdorf Apts

12. Name Zachary Cooper

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

14. Maiden name unknown

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

16. (a) Informant Douglass Cooper, wife

(b) Address 811 Tracy

17. (a) Burial (b) Date thereof 2-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation hungen

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 2-7-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1944 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb 15 1944 to Feb 2 1944

that I last saw him alive on Feb 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 48 hrs.

Due to Chronic nephritis 6 mos

Due to Rheumatic Fever Acute 6 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 1316

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 Zachary Cooper (M. D. or other) —

Address 2434 Main Date signed 2-4-44

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

MOTHER FATHER

**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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City 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.**