

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton  
 (c) Name of hospital or institution Callaway Hospital  
 (If not in hospital or institution, write street name and location)  
 (d) Length of stay: In hospital or institution 1 hour  
 In this community 11 mos. 11 days  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway  
 (c) City or town Fulton  
 (d) Street No. 817 Westminister Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Russell Donnell Cooper  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Apr day 21  
 year 1944 hour 3 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from Apr-21  
 1944 to Apr-21, 1944  
 that I last saw h. in alive on Apr-21, 1944  
 and that death occurred on the date and hour stated above.

4. Sex Male 2 1/2 negro  
 5. Color or race  
 6. (a) Single, widwed, married, divorced Single  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased may 10 1943  
 (Month) (Day) (Year)

Immediate cause of death Toxemia  
Bronchial pneumonia  
Colitis  
 Due to \_\_\_\_\_  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 11 Days 11  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
Toxemia, colitis  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 119a  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Fulton Missouri  
 (City, town or county) (State or foreign country)  
 10. Usual occupation None  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Henry Cooper  
 13. Birthplace Fulton Missouri  
 (City, town or county) (State or foreign country)  
 14. Maiden name Mary M. Miller  
 15. Birthplace Columbia Missouri  
 (City, town or county) (State or foreign country)  
 16. (a) Informant Henry Cooper  
 (b) Address 817 Westminister, Fulton, Mo  
 17. (a) Burial (b) Date thereof Apr 22-44  
 (Place, church or crematorium) (City or town) (County) (State)  
 (c) South Side Cem. Fulton, Mo  
 18. (a) Signature of funeral director Eli Bell  
 (b) Address Fulton, Mo  
 19. Apr 22-44 (b) Jane D. Mansfield  
 (Date received local register) (Registrar's signature)

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 M. A. Richardson (M. D. or other)  
 Address Fulton Mo Date signed 4/24/44

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

4  
1  
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44

---

---

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 Cavity.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Eli Bell.....

Licensed Embalmer No. 2130.....

P. O. Address Fulton, 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.