V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24191

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 241

12
7
3

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(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 1 (Specify whether
In this community 57 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town POPLAR BLUFF 12
(If outside city or town limits, write "RURAL")
(d) Street No. 106 THOMAS ST 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GRAYSON 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 1
6. (b) Name of husband or wife CLARA COOPER
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased MAY (Month) 28 (Day) 1893 (Year)

8. AGE: Years 57 Months 1 Days 17 If less than one day hr. min.

9. Birthplace BUTLER CO (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation COMMON LABOR
11. Industry or business —

FATHER
12. Name PERRY COOPER
13. Birthplace UNKNOWN ~~CLARK~~ 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ALICE CLARK
15. Birthplace IND 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary A Bennett
(b) Address RFD 4 Poplar Bluff Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 17 1944 (Month) (Day) (Year)
(c) Place: burial or cremation BLACK CREEK Cem
18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff Mo
19. (a) 7-24-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 15"
year 1944 hour 11 minute 15 P.M.

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

Immediate cause of death Tuberculosis - Lungs So informed by Step father

Due to 13 [illegible]

Due to Step father - Carter Bennett advises

Other conditions Cooper in Mt Vernon Sanitarium
(Include pregnancy within 3 months of death)
for T.B. 1940 to 1942

Major findings:
Of operations Verified Statement At State Social Security Office
Of autopsy Who were paying "Public Assistance" to Cooper

Duration

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 4

23. Signature Belle Kinne Local Registrar (M. D. of other)
Address Poplar Bluff Mo Date signed 7/24/44

92

(Licensed Embalmer's Statement on Reverse Side)

Perscription
81487 Dr. Markel
Martin Drug Store.

RECEIVED
District Health Office No. 2
District File Number 244-102
Date Filed 8-3-44

JUL 23 1947

JUL 18 1952

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 N. T. Bailey

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.