

X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33629

Registration District No. 32

Primary Registration District No. 5114

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Wayne
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAWSON McKINLEY COOPER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Manda Irene Cooper 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 15, 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 25 hr. min.

9. Birthplace Stoddard Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Lawrence Cooper

13. Birthplace Cap Meridian Mo
(City, town, or county) (State or foreign country)

14. Maiden name Virginia (Gentry)

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

16. (a) Informant Ruth D. Brent

(b) Address Sturdivant, Mo.

17. (a) Burial (b) Date thereof Sept 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Advance

(b) Address Advance, Mo.

19. (a) Oct. 20, 1944 (b) Mrs. Emma Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Sturdivant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 1940 to Sept. 10, 1944
that I last saw him alive on Sept. 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 930

Due to 930

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930

Of autopsy 930

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

(a) Accident, suicide, or homicide (specify) 930

(b) Date of occurrence 930

(c) Where did injury occur? 930

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 930

(Specify type of place) 930

(e) Means of injury 930

23. Signature E. C. Mastus (M.D. or other) DO.

Address Advance, Mo Date signed Sept. 20 1944

RECEIVED

District Health Officer No. 4
District File Number 1144-4513
Date Filed 11-7-44

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.....

Lloyd S Morgan, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3361

P. O. Address.....

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.