

S. No. 2
DOM-2-43
EV. 5-17-39
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37486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 161

FILED DEC 8 1944

Primary Registration District No. 3012

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 112 Myrtle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ⁴

(c) City or town Excelsior Springs ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 112 Myrtle ¹
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME RILEY MONROE COOPER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1944 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-27 1944 to 11-6 1944;
that I last saw him alive on 11-2 1944;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 17 1856
(Month) (Day) (Year)

Immediate cause of death: Myocardial infarction

Due to arteriosclerosis

Due to hypertension

Other conditions (include pregnancy within 5 months of death) _____

8. AGE: Years Months Days If less than one day

87	11	19	hr. min.
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Major findings: 93%

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Lemuel L. Cooper

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

14. Maiden name Cynthia Riley

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

16. (a) Informant Roy Cooper
(b) Address 112 Myrtle, Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof Nov. 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Ridge

18. (a) Signature of funeral director Jarman - Pritchard
(b) Address Lawson, Missouri

19. (a) 11-8-44 Mrs. Sade Redman
(Data received local registrar) (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 J. E. Baird (M. D. or other) Nov 7 1944
Address Excelsior Springs, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-7-44

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.....

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

working under my personal supervision.

Signed Carl Papp.....

Licensed Embalmer No. 03458.....

P. O. Address Ev. Spgs. 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.