No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38988

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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) 1
(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 Stoddard
(c) City or town Dexter 103
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Robert 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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 5 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	6	9	hr. min.

9. Birthplace Aquilla (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Joseph Cooper
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Katherine Henley
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Dona Cooper
(b) Address Dexter Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director Watkins Fun Home
(b) Address Dexter Mo
19. (a) 12-1-44 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th year 1944 hour 12 minute 15a. M.
21. I hereby certify that I attended the deceased from Nov. 2nd, 1944, to Nov. 14th, 1944 that I last saw him alive on Nov. 13th 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Urinary Cancer
Due to Retention of urinary Hyperthrophy Prostate
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) No
(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 D
23. Signature L. S. Davis (M. D. or other)
Address Dexter Mo Date signed 11-14-44

113 C

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1244-1556
Date Filed 12-7-44

FEB 26 1954

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 58

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert Cooper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dona Cooper

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 5 (Day) 6 (Year)

8. AGE: Years 72 Months 6 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 64
year 1944 hour minute 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.

	Duration
Immediate cause of death	
Due to Yes Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 b	
Of autopsy	

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

23. Signature S. S. Davis (M. D. or other)
Address Dexter, mo Date signed

Mrs Nora Smith
Dexter, Mo

38968