

FILED JAN 16 1945

5585  
Primary Registration District No. 7028

Registrar's No. 288

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural--Madison Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 1, Carthage  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route 1, Carthage  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country - - - 0

3. (a) PRINT FULL NAME David Emmett Cooperrider

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 30  
year 1944 hour 12:30 minute P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Almeda Cooperrider

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

7. Birth date of deceased February 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 25 1944 to Dec 30 1944; that I last saw him alive on Dec 30 1944; and that death occurred on the date and hour stated above.

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

76	10	25	hr. min.
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Immediate cause of death tropical condition of abdomen 3 who

Due to stomach of liver 2 mo.

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

10. Usual occupation Retired farmer

11. Industry or business None

Other conditions (include pregnancy within 3 months of death) 124 1/2

Major findings: Of operations 124 1/2

Of autopsy 124 1/2

12. Name Louis Cooperrider

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

14. Maiden name Susie Humbolt

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

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

(a) Accident, suicide, or homicide (specify) 124 1/2

(b) Date of occurrence 124 1/2

(c) Where did injury occur? (City or town) (County) (State) 124 1/2

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 124 1/2

16. (a) Informant Ray Cooperrider

(b) Address Camp Parks, California

17. (a) Burial (b) Date thereof Jan 3, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

While at work? (Specify type of place) (c) Means of injury 124 1/2

23. Signature J. Darwin Magee (M. D. or other) 20  
Address Jasper, Mo. Date signed 1/2/45

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Jan. 2 '45 (b) L. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

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

900

203

44-12-1100

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**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..... *Emm L. Kuep* .....

Licensed Embalmer No. *391* .....

P. O. Address *Carhoge* .....

**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.**