S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9837

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1024 N. Lynn St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence, Mo. 4 (If outside city or town limits, write "RURAL")
(d) Street No. 1024 N. Lynn St. 4 (If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Anna Cropper
3. (b) If veteran, name war ____
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alexander Cropper
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	75	—	—	hr. — min.

9. Birthplace Millwood, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Thomas Thompson
13. Birthplace Millwood, Mo. 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Wheeler
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hattie F. Thompson
(b) Address 1017 Harrison St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director C. E. Davis
(b) Address Independence Mo.
19. (a) 3-19-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 16 day ____ year 1945 hour 9:30 minute 0 M.
21. I hereby certify that I attended the deceased from Sept, 1944, to Mch 16, 1945 that I last saw her alive on Mch 15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular Heart disease	chronic
Due to	
Due to arteriosclerosis	chronic
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 J. C. Hickerson 0 (M. D. or other)
Address Independence Mo Date signed ____

1163

(Licensed Embalmer's Statement on Reverse Side)

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 L. G. Harris Sr.

Licensed Embalmer No. 3388

P. O. Address N. C. 2nd.

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.