

S. No. 2
DM-8-43
v. 5-17-39
X37823

16652

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 76

Primary Registration District No. 3015

Registrar's No. 32

1. PLACE OF DEATH:

(a) County CRINTON.

(b) City or town CAMERON.
(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 years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRINTON.

(c) City or town CAMERON 95
(If outside city or town limits, write "RURAL") 1

(d) Street No. 410 E. 4th St. (If rural, give location) 1

(e) Citizen of foreign country? NO. (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME Mary Etta Cooper.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22 year 1945 hour 6 minute 10 PM

21. I hereby certify that I attended the deceased from Jan 1945 to Apr 22 1945 that I last saw her alive on Sept 18 1943 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: APRIL - 6 - 1860
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction Duration 3 yrs

8. AGE: Years 85 Months 0 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEKEEPER

11. Industry or business HOME

12. Name WILLIAM R. YOUNG MAN.

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

14. Maiden name UNKNOWN.

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

16. (a) Informant Jacqueline M. Schmidt

(b) Address 24 Pennell Federal

17. (a) BURIAL (b) Date thereof 4-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMERON MO.

18. (a) Signature of funeral director Del Moss CRUNK

(b) Address CAMERON, MO.

19. (a) 4-24-45 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations gsk

Of autopsy _____

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 A. O. Sullivan (M. D. or other) MD

Address 20 Cameron Mo. Date signed 4/24/45

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

1086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 111
District File Number
Date Filed

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: *LeRoy Park*

Licensed Embalmer No. *2533*

P. O. Address *Camden, 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.