

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30920

State File No. _____

FILED OCT 15 1945

Registration District No. _____

Primary Registration District No. 3040

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 552 1/2 Washington St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jobu W. Cooper
(b) If veteran, name war ✓
(c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased: March 23, 1868
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Railroad Retired

12. Name Greenville Cooper

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

14. Maiden name Jeanette Walker

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

16. (a) Informant Mrs. Eva Hedrick

(b) Address Chillicothe Missouri

17. (a) Burial (b) Date thereof: 9/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director: Donald J. Gordon

(b) Address Chillicothe Missouri

19. (a) Sept 19, 1945 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
1945 year hour 1:30 minute PM M.
21. I hereby certify that I attended the deceased from
Jan 10, 1944 to Sept 18, 1945
that I last saw him alive on Sept 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Decompensation Duration 3 days
chronic myocarditis?

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

Major findings: X
Of operations X
Of autopsy X

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 M. B. Brennan (M. D.)
Address Chillicothe, Mo. Date signed 9/18/45

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

MOTHER FATHER

RECEIVED
District Health Officer No. 11;
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 Ronald F. Gordon
Licensed Embalmer No. 4191
P. O. Address Cutler's Cove

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.