

No. 2
-8-43
5-17-39
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FILED NOV 8 1945
Registration District No. 336

Primary Registration District No. 6737-4494

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Wenona
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 101

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

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME William J Cooley

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 Maggie Cooley 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov 30 - 1875
(Month) (Day) (Year)

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

68 69 10 8 1 hr. 1 min.

9. Birthplace Douglas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Sofayelle Cooley

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

14. Maiden name Mary Williams

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

16. (a) Informant Mrs. Maggie Cooley

(b) Address Wenona Mo

17. (a) Funeral (b) Date thereof 10-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wenona Cemetery

18. (c) Signature of funeral director Phil A. Lavelle

(b) Address Wenona Mo

19. (a) 10-29-45 (b) Walter R. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 5 day 8 2003
year 1945 hour _____ minute 2 P.M.

21. I hereby certify that I attended the deceased from Sept 4 - 1945
19____, to Oct 8, 1945
that I last saw him alive on Oct 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____
Cardio Renal Stupor

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. D. Rollins M.D. (M. D. or other) _____
Address Wenona Date signed 10-4-45

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 10-8-45

....., Registered Apprentice No.....

working under my personal supervision.

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Twp

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.