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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 411

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

895

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3240 Norledge 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ella Cooper

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife Louis Cooper

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

7. Birth date of deceased June (Month) 3 (Day) 1864 (Year)

8. AGE: Years 81 Months 7 Days 20 If less than one day hr. min.

9. Birthplace La Grange (City, town, or county) Ind. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Daniel Eckenwood
13. Birthplace Penn. (City, town, or county) Penn. (State or foreign country) 1

MOTHER
14. Maiden name Savina Austin
15. Birthplace (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Beulah Davis
(b) Address 1247 N. Askew

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Wash. Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address 101 N. Pleasant

19. (a) 1-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1946 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan. 18, 1946, to Jan. 23, 1946;
that I last saw her alive on Jan. 23, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	
Bronchopneumonia	
Due to	
Due to	
Other conditions Fracture right hip (Include pregnancy within 3 months of death)	

Major findings: Of operations 1860 5 18

Of autopsy None

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) Accident

(b) Date of occurrence 1-17-46 123

(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? above address (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Clark W Seelyn (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 1-24-46

(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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Indep. 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.