

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 238

Primary Registration District No. 6148

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County: Stoddard
 (b) City or town: Bloomfield Rural
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard
 (c) City or town: Bloomfield Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No.: Route # 2
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: William Thomas Cooper

(b) If veteran, name war: _____ (c) Social Security No.: _____

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

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

7. Birth date of deceased: May 24 1874
 (Month) (Day) (Year)

8. AGE: Years: 69 Months: 7 Days: 9 If less than one day: _____ hr. _____ min.

9. Birthplace: Dyersburg Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

MOTHER FATHER

12. Name: Whitney

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

14. Maiden name: Ludia Whitney

15. Birthplace: Dyersburg Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant: R. J. Cooper

(b) Address: 337 Caroline Highway

17. (a) burial (b) Date thereof: 12/7/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pine Crest Cemetery

18. (a) Signature of funeral director: C. J. Watkins

(b) Address: Bloomfield Missouri

19. (a) Dec. 6/1945 (b) Paul Edwards
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 9 year: 1945 hour: _____ minute: _____ M.

21. I hereby certify that I attended the deceased from Sept. 12, 1945 to Dec. 9, 1945 that I last saw him alive on Dec. 6, 1945, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis

Due to: _____

Due to: _____

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

Major findings: _____ Of operations: _____

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? _____

(Specify type of place) _____ (Specify type of injury) _____

23. Signature: John Williams (M. D. or other) _____

Address: Stoddard Date signed: 12/9/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2
District File Number 146-136
Date Filed 1-23-46

JAN 25 1946

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 Lynnan Steele
Licensed Embalmer No. 2476
P. O. Address Dexter 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.