

FILED FEB 21 1946
Registration District No. 45

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community 2 Days
(Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

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

(d) Street No. 320 S. Douglass 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nathaniel Cooper

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2 5. Color or race Colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 3 1934
(Month) (Day) (Year)

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

11 11 7 hr. min.

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

10. Usual occupation Infant & Student

11. Industry or business None

MOTHER FATHER { 12. Name Ed Cooper

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

14. Maiden name Riller Mae McKeller

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

16. (a) Informant Mrs. Ed Cooper

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarkton, Mo.

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Mo.

19. (a) 2/16/46 (b) R.H. Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 th.
year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb. 8, 1946 to Feb. 10, 1946,
that I last saw him alive on Feb. 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 2-8-46

Due to Perforated appendix 2-4-46

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 [Signature] (M. D. or other) 0
Address Poplar Bluff, Mo. Date signed 2-10-46

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

3747

RECEIVED

District Health Office No. 2

District File Number 246-254

Date Filed 2-20-46

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

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.