

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED MAR 15 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5203**
Registrar's No. **25**

Registration District No. **120** Primary Registration District No. **5451**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Wilson (Twp)**
(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
In this community **63 yrs**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MD** (b) County **Henry**
(c) City or town **6 mi N.W. of Stanton**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mrs Mary Cooper**
3. (b) If veteran, name war:
3. (c) Social Security No. **21112**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **22**
year **1946** hour **11** minute **15** P.M.

4. Sex **M** Color of hair **brn** Color of eyes **brn**
5. Race **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **George Cooper** 6. (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased: **March 9 1853**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 22 1946** to **2/22 1946**
that I last saw him alive on **2/22 1946** and that death occurred on the date and hour stated above.

8. AGE: Years **90** Months **11** Days **13** If less than one day
hr. min.

Immediate cause of death: **Apoplexy**
Due to: **Hypertension**
Due to:
Other conditions (Include pregnancy within 3 months of death): **1**
Major findings: **1 930**
Of operations: **130**
Of autopsy: **1**

9. Birthplace **Linn Co Iowa I.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business **Home**
12. Name **Joseph Pugh**
13. Birthplace **Smith Park Ia**
(City, town, or county) (State or foreign country)
14. Maiden name **Harnett Cooper**
15. Birthplace **W.Va**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **1**
(b) Date of occurrence **1**
(c) Where did injury occur? **1**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Mrs. Benie Marple**
(b) Address **Stanton Md**
17. (a) **Burial** (b) Date thereof **2-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Stanton Md**
18. (a) Signature of funeral director **W. Phillips**
(b) Address **Stanton Md**
19. (a) **March 1 - 1946** (b) **Wm N. Waters**
(Date received local registrar) (Registrar's signature)

23. Signature **C. J. Williamson** (M. D. or other)
Address **Stanton Md** Date signed **2/24/46**
While at work? (Specify type of place) (c) Means of injury

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUN 9 1950

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.