S. No. 2
M—5-43
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I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1946

State File No. 20206

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2862

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:
5113 PROSPECT AVENUE 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 48 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. 5015 AGNES AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country ----

3. (a) PRINT FULL NAME MRS. MARY L. COOPER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ MR. JAMES VICTOR COOPER

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

7. Birth date of deceased FEBRUARY (Month) 28 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	3	29	hr. min.

9. Birthplace ELNORA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name JOHN BLANTON 6
13. Birthplace (City, town, or county) UNKNOWN 1 (State or foreign country)

MOTHER
14. Maiden name LUCINDA HOPKINS
15. Birthplace (City, town, or county) UNKNOWN 6 (State or foreign country)

16. (a) Informant Mrs. Alta Bobbitt
(b) Address 5113 Prospect Avenue

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-29-1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. WASHINGTON CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 6-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27TH year 1946 hour 11 minute 10 A M.

21. I hereby certify that I attended the deceased from approximately 1936 to June 27, 1946 that I last saw her alive on June 27, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure (acute) et hypostatic pneumonia	June 25, 1946
Due to: Metastatic carcinoma	6 months
Due to: Paralysis of right extremities	
Other conditions: Primary adenocarcinoma of cervical glands (Include pregnancy within 3 months of death)	" "

55 sl

Major findings:
Of operations ~~Adenocarcinoma~~ of cervical gland
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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Dr. Nelson Myers (M.D. or other) D.O.
Address 612 Chambers Bldg Date signed 6-28-46

(Licensed Embalmer's Statement on Reverse Side)

612 Chambers Bldg.
1.30-5:30

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.