

S. No. 2  
OM-5-43  
v. 5-17-39  
I X3671

**FILED JUL 10 1946**

Registration District No. **226**

Primary Registration District No. **4-327-5799**

Registrar's No. **21**

**1. PLACE OF DEATH:**

(a) County **Monroe**

(b) City or town **Madison 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) **1**

(d) Length of stay: In hospital or institution **about 30 yrs** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **Monroe**

(c) City or town **Madison Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1** (If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country.

**3. (a) PRINT FULL NAME** **ANNA-M-COOPERIDER**

3. (b) If veteran, name war **1**

3. (c) Social Security No. **1**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **5**  
year **1946** hour **9** minute **0** M.

**21. I hereby certify that I attended the deceased from** **Sept 1931**, to **June 5 1946**;  
that I last saw h. alive on **May**, 19**41**;  
and that death occurred on the date and hour stated above.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W-2**

6. (b) Name of husband or wife **Marion Cooperider**

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

7. Birth date of deceased **7-6-1849**  
(Month) (Day) (Year)

Immediate cause of death **Myocarditis**

Due to **old age**

**8. AGE:** Years **96** Months **10** Days **29**  
If less than one day hr. min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **93%**

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

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

12. Name **Mittleton**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Luan Lit**

15. Birthplace **Dont know** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marion H. Cooperider**

(b) Address **Madison MO**

17. (a) (Burial, cremation, or removal) **Salem Monroe MO**

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **Fred Anderson**

(b) Address **Madison MO**

**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 **975 Jones** (M. D. or other) **DO.**

Address **Madison MO** Date signed **6-6-46**

1984.9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 7-46-1299

Date Filed JUL 9 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 Wm. Joseph Thompson

Licensed Embalmer No. 3282

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.