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UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22726

State File No.

FILED JUL 22 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 813

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1209 Charles St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 Charles
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter C. Cooper

3. (b) If veteran, name war No

3. (c) Social Security No. No information

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mable Cooper

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 26 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 46 hour 12 minute 30.A. M.

21. I hereby certify that I attended the deceased from July 19th 1946 to _____ 19____;

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

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

71 1 23 hr. _____ min.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Dover Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman Barber

11. Industry or business Medicine Co.

12. Name Wm. J. Cooper

13. Birthplace Dover Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha J. Davis

15. Birthplace Dover Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. C. Cooper

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof July 19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Heaton, Bagley & Bowman

(b) Address St. Joseph, Mo.

19. (a) July 20, 1946 (b) A. H. Washburn
(Date notified local registrar) (Registrar's signature)

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 3

23. Signature B. W. Tadlock Coroner (M. D. at death)

Address St. Joseph, Mo. Date signed 7/19/46

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

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1949

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address.....

34 So 15th St. Joseph, 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.