

S. No. 2
OM-2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24259**
Registrar's No. **6**

Registration District No. **188** Primary Registration District No. **57-18-4309**

1. PLACE OF DEATH:
(a) County **McDonald**
(b) City or town **Southwest City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **McDonald**
(c) City or town **Southwest City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #1**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CLYDE Hiser Cooper**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **May 21 1946**
(Month) (Day) (Year)

20. DATE OF DEATH: Month **May** day **21**
year **1946** hour **1** minute **30** P.M.
21. I hereby certify that I attended the deceased from **birth**
May 21 19 **46** to **death** 19 **46**;
that I last saw him alive on **May 21** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Strangulation
(inspiration murder)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **160**
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
0 0 0 8 hr. 00 min.
9. Birthplace **R#1 Southwest City Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **(Infant)**
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Juanita Cooper**
15. Birthplace **R#1 Southwest City Mo.**
(City, town, or county) (State or foreign country)
16. (a) Informant **Floyd Cooper**
(b) Address **R#1 Southwest City, Mo.**
17. (a) **Burial** (b) Date thereof **May 22, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Southwest City, Mo. Cemetery**
18. (a) Signature of funeral director **Nichols Bros**
(b) Address **Southwest City**
19. (a) **JUL - 1 1946** (b) **P. J. Nichols**
(Date received local report) (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 _____
23. Signature **H. D. Fountain** (M. D. or other) **Do**
Address **Roll Mo** Date signed **May 28**

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

MOTHER FATHER

20112

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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.