

S. No. 2  
OM-5-43  
Rev. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32751

Registration District No. 42 Primary Registration District No. 1000  
State File No. \_\_\_\_\_ Registrar's No. 1194

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:  
St Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
In this community 20 Years  
years, months or days (Specify whether)

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. 710 North 24th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT NAME MRS CORA MAY COOPER  
FULL NAME  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 20  
year 1946 hour 6 minute 15 A.M.  
21. I hereby certify that I attended the deceased from  
Apr 23 1946 to Oct 19 1946;  
that I last saw her alive on Oct 19 1946;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Wm H.  
(c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased May 19 1876  
(Month) (Day) (Year)

Immediate cause of death  
Carcinoma of mesentery  
(Jejunum) Primary 8mn.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions decided 4/6 H 2mn.  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>1</u>	hr. _____ min.

Major findings:  
Of operations Same - 4/23/46  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Columbus, Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

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 Frank W. H. [Signature] (M. D. or other)  
Address 620 Jones Date signed 10/21/46

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name Peter Tanner  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda not known  
(City, town, or county) (State or foreign country)  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Don Cooper  
(b) Address St Joseph, Mo.  
17. (a) Burial (b) Date thereof 10-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Auburn Cem  
18. (a) Signature of funeral director Fleeman & Son Inc.  
(b) Address St Joseph, Mo.  
19. (a) Oct. 25, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

Vertical 90 01380

JK (Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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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.....

*Robert H. Goble*

Licensed Embalmer No. 3308

P. O. Address.....

*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.**