

S. No. 2  
1-12-45  
5-17-39  
P 1 X47070

FILED JAN 9 1947  
Registration District No. 6

Primary Registration District No. 3001

State File No. \_\_\_\_\_  
Registrar's No. 23

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
314 W. HOME ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")

(d) Street No. 314 W. HOME ST  
(If rural, give location)

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

3. (a) PRINT FULL NAME Samuel Walker Cooper

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-09-1569

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1946 hour 10 minute PM

21. I hereby certify that I attended the deceased from Sept 9, 1946, Dec 10, 1946  
that I last saw him alive on Dec 10, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Cooper 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 25 1877  
(Month) (Day) (Year)

Immediate cause of death Cancer of Lungs & Colon

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

Due to 46E

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

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

69 11 6 hr. min.

9. Birthplace Williamsburg, W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clay Miner

11. Industry or business HARBISON WALKER TREFR

12. Name Jesse Cooper

13. Birthplace Williamsburg, W. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wallace

15. Birthplace Monroe County, W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walker Cooper

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof 1 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director M. S. Truster

(b) Address Vandalia, Mo.

19. (a) Jan 2 1947 (b) M. L. Fugua  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Carcinoma of Colon, rectum & Liver

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature M. H. Bland (M. D. or other) \_\_\_\_\_  
Address Vandalia Mo Date signed 1/2/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
1 SEPT. 1946

MOTHER, FATHER

6

RECEIVED  
District Health Officer No. 10  
District File Number 1-47-41  
Date filed JAN - 7 - 1947

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..... *H. B. Waters*.....

Licensed Embalmer No. *4169*.....

P. O. Address *Pandalia 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.