

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 24 1946**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **40208**  
Registrar's No. **965**

Registration District No. **128**

Primary Registration District No. **2000**

**1. PLACE OF DEATH:**  
(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**457 Cherry**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Month**  
(Specify whether years, months or days)  
In this community **1 Month**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **457 Cherry**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **Charles R. Cooley**  
3. (b) If veteran, name war **Unknown**  
3. (c) Social Security No. **Unknown**

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

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

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: **73** Years Months Days If less than one day  
hr. min.

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

10. Usual occupation **Unknown**

11. Industry or business

**MOTHER** { 12. Name **Unknown**  
13. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Personal Papers**  
(b) Address **Springfield, Mo.**

17. (a) **Removal** (b) Date thereof **12/2/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clinton, Ill.**

18. (a) Signature of funeral director **H.H. Lohmeyer**  
(b) Address **Springfield, Mo.**

19. (a) **Dec. 2 - 46** (b) **W. J. Handley MD**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec.** day **1**  
year **1946** hour **9** minute **a.** M.

21. I hereby certify that I attended the deceased from **November 4**, 19**46** to **11-26**, 19**46**; that I last saw him alive on **11-26-46**, 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac insufficiency**  
Due to **Cardio-renal disease**

Due to

Other conditions (Include pregnancy within 3 months of death) **10/19**

Major findings: Of operations  
Of autopsy **none done**

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.P. Gustin M.D.** (M.D. or other)  
Address **432 Medical Bldg** Date signed **12-1-46**

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

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

111

Springfield Mo

**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.....

*Walter E. Hamilton*  
Walter E. Hamilton

Licensed Embalmer No.....3808

P. O. Address.....Springfield, 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.**