

FILED DEC 19 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1406 E 45th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 48 yrs. (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME MAX COOPER3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Eva Cooper 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased Nov. 10, 1881
(Month) (Day) (Year)8. AGE: Years 65 Months 0 Days 21 If less than one day _____ hr. _____ min.9. Birthplace Russia
(City, town, or county) (State or foreign country)10. Usual occupation retired Merchant

11. Industry or business _____

12. Name Barney M. Cooper13. Birthplace Russia
(City, town, or county) (State or foreign country)14. Maiden name Minnie Pearl15. Birthplace Russia
(City, town, or county) (State or foreign country)16. (a) Informant Eva Cooper(b) Address 4015 Virginia17. (a) Burial (b) Date thereof 12/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sheffield Cem18. (a) Signature of funeral director J.P. Louis Funeral Home(b) Address 3400 Woodland Ave., Kansas City, Mo19. (a) 12-2-46 (b) Sheldene Holmes
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4015 Virginia
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1946 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from Feb
7, 1938, to 12/1, 1946
that I last saw him alive on 12/1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis,
acute 2 hrsDue to Pneumonia - BronchDue to Asthenia - sepsisOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 Sheldene Holmes (M. D. or other) _____Address 220 Professional Bldg Date signed 12/2/46

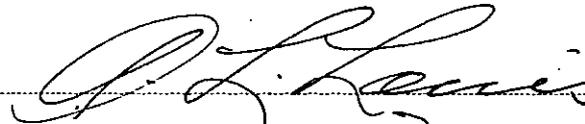
STATEMENT BY LICENSED EMBALMER

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. 2110

P. O. Address K. C., 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.