. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3920

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: TWA Air liner - Landed - Put him off dieing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community TWA Landed At Airport
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Boone~~ Jackson 48
(c) City or town ~~Colu~~ Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. Mo 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Cooper, Albert Edward
3. (b) If veteran, name war
3. (c) Social Security No. 422-20-8727
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 7th (Day) 1889 (Year)

8. AGE: Years 58 Months - Days 14 If less than one day hr. min.

9. Birthplace Rison (City, town, or county) Ark 1 (State or foreign country)
10. Usual occupation Sign Painter
11. Industry or business " "
FATHER
12. Name D K
13. Birthplace " (~~City~~, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name D K
15. Birthplace " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Effects in Pocket
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo
18. (a) Signature of funeral director R O Willett
(b) Address Columbia Mo
19. (a) 2-22-47 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 21st year 1947 hour 11.35 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to Believed to be	
Due to Heart disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95C	
Of autopsy None	

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature E J Ward (~~M.D.~~ or other) Coroner
Address Columbia Mo Date signed 2/21/47

51

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9
District File Number
Date Filed

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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.