

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 5 1947**

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

5206

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
1415 Byers  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1415 Byers  
(If rural, give location)

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

3. (a) PRINT FULL NAME Phyllis Diana Cooper

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30  
year 1947 hour 6 minute 00 A.

21. I hereby certify that I attended the deceased from January 29th 1947 to January 30 1947;  
that I last saw her, alive on January 29 1947;  
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, child

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Pneumococci Cerebral Meningitis

Duration 2 day

7. Birth date of deceased August 22, 1946  
(Month) (Day) (Year)

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

Due to Bronchio-Pneumonia 4 days

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

9. Birthplace Joplin Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Prentice Cooper

13. Birthplace Joplin Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Naomi Stripling

15. Birthplace Joplin Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Prentice Cooper

(b) Address 1415 Byers, Joplin, Mo.

17. (a) Burial (b) Date thereof 2-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

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? \_\_\_\_\_

18. (a) Signature of funeral director Forest Park Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-4-47 (b) Ed Janner  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 2 del.

23. Signature [Signature] (or other) \_\_\_\_\_

Address 1506 1/2 Maple St Date signed 2-7-47

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side) Joplin Mo

47-2-125

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**