

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8236**

FILED APR 8 1947

Registration District No. **5-8**

Primary Registration District No. **5-212**

Registrar's No. **H**

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

1. PLACE OF DEATH:

(a) County **Carter**

(b) City or town **Van Buren (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Own home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **17 years**
years, months or days

3. (a) PRINT FULL NAME **Noah Cooper**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** | 5. Color or race **W**

6. (a) Single, widowed, married, divorced **2 widowed**

6. (b) Name of husband or wife **Cecilia Cooper**

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

7. Birth date of deceased **May 9 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Morgan Co Georgia**
(City, town or county) (State or foreign country)

10. Usual occupation **Electrical engineer**

11. Industry or business _____

MOTHER FATHER { 12. Name **J. B. Cooper**

13. Birthplace **unknown** _____

14. Maiden name **Julia Bremer** _____

15. Birthplace _____

16. (a) Informant **Alonso Cooper**

(b) Address **Poplar Bluff Mo**

17. (a) **Burial** (b) Date thereof **3-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Van Buren**

18. (a) Signature of funeral director **Seaton Hewitt**

(b) Address **Van Buren Mo**

19. (a) **Mar. 27-47** (b) **Mrs Octa Hewson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carter**

(c) City or town **Van Buren (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **18**
year **1947** hour **5** minute **A.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.

Immediate cause of death **heart failure** Duration _____
died at home in bed without
medical care

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **200c** PHYSICIAN _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury **3**

23. Signature **Seaton Hewitt** (M. D. or other) **Cor.**
Address **Van Buren Mo** Date signed **3-18-47**

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RECEIVED

District Officer No. 5
District File Number 447188
Date Filed 4-4-47

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 Seaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.