No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26787

Primary Registration District No. 1000

Registrar's No. 1008

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural, Washington Township
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles So. St. Joseph
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Mabel Cooper

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. D. Cooper

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 26 (Day) 1883 (Year)

8. AGE: Years 64 Months 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name D. W. Seymour
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Ida E. Hutchenson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant W. D. Cooper
(b) Address R. F. D. #4, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 8-22-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1947 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from April 1, 1946, to Aug 19, 1947
that I last saw her alive on Aug 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pyonephrosis Calculous Right Kidney

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Charles Greenberg (M. D. ~~or other~~)

Address PC 8 Bldg. St Joseph Mo Date signed 8/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 38.4

P. O. Address 3195 10th, St. Joseph, 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.