No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41281

State File No. .....

Registration District No. 100 Primary Registration District No. 5381 Registrar's No. .....

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent 33
(c) City or town m Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Montauk, Mo 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Alice Cooper
3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Wm. Cooper 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August 14, 1882 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	22	hr. min.

9. Birthplace Eunice Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
FATHER
12. Name Alexander Miller 9
13. Birthplace No record /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dora Sisk
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)
16. (a) Informant W. G. Cooper
(b) Address Salem, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley Cemetery
18. (a) Signature of funeral director Wm R Spencer
(b) Address Salem, Missouri
19. (a) 12-13-47 (Date received local registrar) (b) M. M. Hart, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1947 hour 5:30 minute A. M.
21. I hereby certify that I attended the deceased from Dec 3, 1947 to Dec 6, 1947
that I last saw her alive on Dec 3, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? ..... Means of injury 0
23. Signature W. L. Reed (M. D. ~~or other~~)
Address Lexington Date signed 12/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 148-12
Date Filed 1-7-48

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.