S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41615

FILED JAN 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5552

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 817 Oak
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 817 Oak 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME George B. Cooper

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-6555

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single (1)

6. (b) Name of husband or wife

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

7. Birth date of deceased June 18 (Month) 1873 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	13	..... hr. ..... min.

9. Birthplace No record 4
(City, town, or county) (State or foreign country)

10. Usual occupation Blind -----

11. Industry or business

FATHER
12. Name ----- Cooper 2
13. Birthplace No record 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert James Cooper
(b) Address 817 Oak St.

17. (a) Burial (b) Date thereof Jan. 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) 12-31-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1947 hour 9 minute 20A 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 Coronary Sclerosis

Due to

Due to 9-3-8

Other conditions
(Include pregnancy within 3 months of death)
Deputy Coroner

Major findings:
Of operations

Of autopsy History & Inspection

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) 0

While at work? (e) Means of injury

23. Signature A. E. Usher M.D. (M. D. or other)

Address 2800 Main Date signed 12/31/47

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

K.C. 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.