

BUREAU OF THE CENSUS  
FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44228

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

Registration District No. 101

Primary Registration District No. 5402

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Rural - Norwood Rt. #2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

3. (a) PRINT FULL NAME W. Riley Cooley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 14 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace East Berlin, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William R. Cooley  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Minie Flemings  
15. Birthplace Unknown Pen.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas B. Willert  
(b) Address 1209 N. Wenoma, Bay City, Mich.

17. (a) Burial (b) Date thereof 1-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director Thomas B. Willert

(b) Address Box 126, Norwood, Missouri

19. (a) Jan 21-48 (b) Vestal Bushman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. No. 2, Norwood, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Heart failure  
in light of  
with  
fell down  
was  
was

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

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

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

Of autopsy 200

PHYSICIAN

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 1/16

RECEIVED  
District Health Officer No. 6.  
District File Number 248-190  
Date Filed FEB 3 1948

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, XXX

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

Signed Thomas J. Hauldri

Licensed Embalmer No. 4317

P. O. Address Box 136, Norwood, 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.