

S. No. 2
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5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4169**
Registrar's No. **61**

Registration District No. **53** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South East Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether years, months or days)
 In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Williamson
 (c) City or town Herrin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 616 North 13th
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EDWARD COOPER
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Feb day 16
 year 1948 hour 9 PM minute _____ M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Blanch Cooper
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased August 1, 1891 1892
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/12, 1948, to 2/16, 1948
 that I last saw h. alive on 2/16, 1948
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion on coronary artery infarction
 Due to _____
 Due to _____

9. Birthplace Murphysboro, Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Coal Miner

Other conditions Diabetes, melitus, mild
 (Include pregnancy within 3 months of death)

11. Industry or business Unemployed
 12. Name B. L. Cooper
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Olive Smith
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 61
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Blanch Cooper
 Address Herrin, Illinois
 (b) Date thereof Feb. 19, 1948
 (Month) (Day) (Year)

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? _____

Place: burial or cremation Murphysboro, Illinois
 Signature of funeral director: Albert J. Strome
 Address Herrin, Illinois
 2/22/48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

While at work _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature Cape Girardeau, Mo (M. D. or other)
 Address _____ Date signed 2/22/48

15. Cont. by aff. of Dr. J. C. Smith

RECEIVED

District Health Officer No. Y

District File Number 248-270

Date Filed 2-24-48

APR 19 1948

MAR 2 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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Albert B. Storme

Licensed Embalmer No. 3445

P. O. Address Herrin Ill

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.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Illinois

State File No.

County of Williamson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 6 th. day of April, 1948, before me appears.....

Blanche Cooper, who, upon her oath, states that the original record of ~~her~~ death
for Edward Cooper died Feb. 16 1948 19....., in the State of
Missouri, and which was filed at Cape Girardeau on Feb. 18, 1948, should be corrected as follows:

Item No. 7 should read August 1 1892Instead of..... August 1 1891Item No. 8 should read 55 years 6 months 15 daysInstead of..... 56 years 6 months 15 daysItem No. 12 should read D.I. CooperInstead of..... B.L. Cooper

Item No. should read

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

Blanche Cooper Wife
Relationship.616 No. 13 St. Herrin, Ill.

Present Address.

Subscribed and sworn to before me this 6th. day of April, 1948.My Commission expires April 3-1949 John H. Hutchins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

4169