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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12506

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 1717

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: 4234 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 60 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4234 Locust 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Lilian D. Cooper

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F. 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased July (Month) 25 (Day) 1861 (Year)

8. AGE: Years 86 Months ~~6~~ 8 Days 23 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business No

FATHER
12. Name Samuel H.McWilliams
13. Birthplace Ky. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Nannie McCorkle
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant J.A,Cooper (Son)

(b) Address Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Rem

18. (a) Signature of funeral director Stine & McClure

(b) Address Kansas City, Mo.

19. (a) 4-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 7 minute 40 P M.

21. I hereby certify that I attended the deceased from April 1937, to April 18th 1948
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to General arterio-sclerosis (Senility.	
Due to Senile decline exhaustion	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None	

97

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Perry E. Lilly (M. D. or other) M.D.

Address 807 Argyle Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side) KC Mo.

Dr. Lilly
Cergy Le B Coly
Vir. 9670
867

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 Max E. Meyer, Registered Apprentice No. 49, working under my personal supervision.

Signed J. Clair Shipperd

Licensed Embalmer No. 4179

P. O. Address 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.