

No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16111

FILED MAY 19 1948
Registration District No. 1948

Primary Registration District No. 3023

Registrar's No. 104

2
1
2

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

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
602 n 2nd st 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community all life
years, months or days

3. (a) PRINT FULL NAME HANNAH JANE COOPER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race wh

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased: DEC 17 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 29 If less than one day hr. _____ min. _____

9. Birthplace HENRY Co MO A
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name EMERY P. EDWARDS

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE DENHAM

15. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant ROY COOPER

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 5-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington

18. (a) Signature of funeral director Carlsley Peak

(b) Address Clinton MO

19. (a) 5-15-1948 (b) R R Kerney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42

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

(d) Street No. 620 North 2nd st 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15th day _____
year 1948 hour 12:30 minute a. M. _____

21. I hereby certify that I attended the deceased from Jan 25, 1948, to May 15, 1948
that I last saw her alive on May 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 4 days

Due to _____

Due to Fracture left femur 4 mos

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence 1/25/48

(c) Where did injury occur? Clinton, Henry Co MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? _____ (Specify type of place)

(e) Means of injury Fallen from

23. Signature Edward Barnett M.D. (M. D. or other) _____
Address Wetzel Hospital Date signed 5/25/48

RECEIVED

District Health Officer No. 7,

District File Number 4-48-530

Date Filed 5-12-48

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.....

J. E. Consalvo

Licensed Embalmer No. 1891

P. O. Address. *Clinton, 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.