No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 25 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32029
Primary Registration District No. 1000
Registrar's No. 1099

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3002 Mitchell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3002 Mitchell Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Davis Cooper
3. (b) If veteran, name war World War 1
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Ellen Hall Cooper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 5 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	75	6	14	hr. min.

9. Birthplace Johnson County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired minister
11. Industry or business Wyatt Park Baptist Church
FATHER
12. Name Thomas Jefferson Cooper
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Nannie E. Davis
15. Birthplace unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Mrs. Andrew Phipps
(b) Address Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Mo.
19. (a) 10-21-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 582

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 19
year 1948 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from 9/26 1948 to 10/10 1948
that I last saw him alive on 10/10 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkins disease	15 yrs.
Due to	
Due to	
Other conditions Anaemia secondary gen. (Include pregnancy within 3 months of death)	6 mon.

Major findings:
Of operations
Of autopsy 44B

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)
While at work? (e) Means of injury
23. Signature Frank Hardegan (M. D. or other)
Address 620 Francis Date signed 10/29/48
St Joseph, Mo.

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. James A. Hawkins

Licensed Embalmer No. 4531

P. O. Address 319 510 St. St. Joseph,

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.