

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 3 1949
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

9
52

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

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution:
JOPLIN GENERAL 0
(If not in hospital or institution, write street number or location).

(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

In this community 3 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County CHEROKEE 991

(c) City or town BAXTER SPRINGS 14
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME JAMES ALBERT COOLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0 5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JANUARY 26 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>25</u>	hr. min.

9. Birthplace Farro Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Judge -

11. Industry or business Supreme Court

12. Name UNKNOWN 9

13. Birthplace

14. Maiden name UNKNOWN 9

15. Birthplace UNKNOWN 9

16. (a) Informant Dr. C. C. Pickrell, Kansas

(b) Address Baxter Springs, Kansas

17. (a) Burial (b) Date thereof 12-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Missouri

18. (a) Signature of funeral director Robt. B. Davis
(b) Address Kirksville, Missouri

19. (a) 12-24-48
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 49 hour 1:15 AM minute

21. I hereby certify that I attended the deceased from Dec 15
1948, to Dec 21 1948;

that I last saw him alive on Dec 20 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cardiac + Respiratory Failure
Cirrhosis of Liver 1 yr

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 124B

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?

(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 2

23. Signature L. C. Pickrell (M. D. or other) Dr.
Baxter Springs, Mo. Date signed Dec 21

MISSOURI
STATE BOARD OF
HEALTH

DEC 6 1950

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.