

FILED AUG 14 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 137

Primary Registration District No. 3023 4218

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
408 Tebo Street, 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 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County Henry 42
(c) City or town Windsor 2
(If outside city or town limits, write "RURAL")
(d) Street No. 408 Tebo Street, 0
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Cooper

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Minerva Drace 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January 8, 1855
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Henry Cooper

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

14. Maiden name Nancy Stiles

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Billy B. Cooper

(b) Address Windsor, Missouri

17. (a) burial (b) Date thereof June 30, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Mo.

19. (a) July 30 (b) Myrtle Browder
(Date received local registrar) (Name of Registrar)

1391

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1945 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan-45
_____ 19____ to June 8 1945;

that I last saw him alive on June 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death mitral stenosis

Due to _____

Due to _____

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

Major findings:
Of operations 92k

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Arnual (M. D. or other) M.D.

Address Windsor Date signed 7/27/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Officer No. 7

Licensee No. 7-45-813

Date filed 8-13-45

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 *Edell Hunter*.....

Licensed Embalmer No. 3391.....

P. O. Address *Windsor, 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.