

FILED SEP 19 1947

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Stanberry  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mr. Charles Clinton

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. 491-34-7196

4. Sex

Male

5. Color or race

W

6. (a) Single, widowed, married,

divorced Divorced

6. (b) Name of husband or wife

Mrs. Elsie Cooper

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Oct - 31 - 1887

8. AGE:

Years 59 Months 9 Days 27 If less than one day hr. min.

9. Birthplace

Yerton, Missouri

10. Usual occupation

Farmer

11. Industry or business

Farmer

12. Name

Alfred Cooper

13. Birthplace

Yerton, Missouri

14. Maiden name

May Edson

15. Birthplace

Yerton, Missouri

16. (a) Informant

Mr. Wallace Martz

(b) Address

625 S. 10th St. Stanberry, Mo.

17. (a)

(Burial, cremation, or removal)

King City, Mo.

(b) Date thereof

Sept 19, 1947

(c) Place: burial or cremation

Stanberry, Mo.

18. (a) Signature of funeral director

Robert A. Phillips

(b) Address

Stanberry, Mo.

Date received local Registrar

(b) Signature of Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry  
(c) City or town Stanberry  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28

year 1947 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from

Aug 28, 1947, to Aug 28, 1947

that I last saw him alive on Aug 28, 1947

and that death occurred on the date and hour stated above.

Immediate cause of death

Gun shot wound in head  
Caused by gunshot  
Caused to death from  
Hande (bullet wound)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Gun shot wound in head

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide?

Date of occurrence Aug 28, 1947

Where did injury occur? Gentry, Mo

(City or town) (County) (State)

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

Public Highway

(Specify type of place)

While at work? No (e) Means of injury Gun shot

Signature Charles N. Williamson Registrar

Address Gentry, Mo Date signed Sept 5, 1947

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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~~.....

~~working under my personal supervision.~~.....  
Registered Apprentice No. ....

Signed.....

Lester H. Phillips  
Licensed Embalmer No. 1898

P. O. Address Stenberg 240

**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.**