

FILED APR 6 1948
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 80

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:
CLINTON GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 DAYS
(Specify whether years, months or days) 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Leavis Trp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARDEN COOPER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex M. D 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Annie M. Cooper 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug 16 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 16 hr. _____ min.

9. Birthplace Near Pleasant Hill, Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Cooper
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Alexander
15. Birthplace Pleasant Hill Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary A Steep
(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 4-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hope Well Cemetery

18. (a) Signature of funeral director J. A. Vincent
(b) Address Clinton, Mo.

19. (a) 4-3-48 (b) R. R. Kennell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1948 hour 6:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from March, 1945, to April 2, 1948;
that I last saw him alive on April 2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 month

Due to Chronic interstitial nephritis 5 year

Other conditions Benign prostatic hypertrophy Cachexia
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations: none
Of autopsy: none
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) no
(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 no

23. Signature S. B. Mighan (M. D. or other) M.D.
Address Clinton, Mo. Date signed 4/3/48

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

1 2 11 22

RECEIVED

District Health Officer No. 7,

District File Number 2-48-344

Date Filed 4-5-48

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 H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.