

No. 2  
-1/47  
6-17-39

26077

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 187

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 S. Tebo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. 408 S. Tebo  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Minerva Drace Cooper

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5  
year 1948 hour 12 minute 30 p. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife David Cooper

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

7. Birth date of deceased December 7 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 30, 1948 to Sept 5, 1948  
that I last saw him alive on Sept 5, 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>28</u>	.....hr. ....min.

Immediate cause of death Cerebral thrombosis

Due to.....

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

Due to Thrombosis

10. Usual occupation At home

Other conditions (include pregnancy within 3 months of death).....

11. Industry or business.....

12. Name Thomas Drace

13. Birthplace St. Charles County, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Farrar

15. Birthplace Franklin County, Mo.  
(City, town, or county) (State or foreign country)

Major findings: g'd W

Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant Billie B. Cooper

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 9-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

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)

18. (a) Signature of funeral director Huston Turule  
Windsor, Missouri

(b) Address.....

19. (a) 9-7-1948 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

23. Signature Wm. W. D. D. (M. P. or Other)  
Address Windsor, Mo. Date signed 9/7/48

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

0292

RECEIVED  
District Health Officer No. 7,  
District File Number 8-48-1067  
Date Filed 9-13-48

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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

William M. Turner, Registered Apprentice No. 470  
working under my personal supervision.

Signed

William M. Turner

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.