DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12278

Registration District No. 7724 FILED APR 8 1940

Primary Registration District No. 60183

Registrar's No. 934

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Esther (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 2 (Specify whether

In this community years, months or days) 150

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

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

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME NANNA DELENA COOPER

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov. (Month) 19 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
50	3	12	..... hr. ..... min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER FATHER

12. Name William McDowell

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

14. Maiden name Margaret Vandiver

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

16. (a) Informant's own signature Harry Cooper

(b) Address Farmington Rout 4 Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Desloge Mo

18. (a) Signature of funeral director Beckemeyer Und Co

(b) Address Bonne Terre Mo

19. (a) 3-3-40 (Date received local registrar) (b) C B Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1940 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from June 6th 1940 to July 26th 1940, that I last saw h alive on July 26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis Lungs	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations

Of autopsy

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)

(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)

While at work? (e) Means of injury

23. Signature Lemuel Terry (M. D. or other)

Address Farmington Mo RR Date signed

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bourne Texas 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, above space should be left blank.