

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Monroe

36873

Do not use this space.

1. PLACE OF DEATH

(a) County PELTUS

Registration District No. 668

(b) Township 1

Primary Registration District No. 3032

(c) City SEDALIA

(d) Street No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 650 East 15

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Frank Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 6, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

1

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

California Missouri

FATHER

13. NAME

William Apperson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Mariah Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Alfred Cooper Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE California Mo.

DATE 10-26-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

McLaughlin Bros Sedalia Mo.

20. FILED 10-26-1939

Mr. Harry Snel

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10-25-1939

22. I HEREBY CERTIFY, That I attended deceased from

10-26-1939

to 10-25-1939

1939

I last saw him alive on 10-24-1939 Death is said

to have occurred on the date stated above, at 12:25 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma uteri, adenocarcinoma

Date of onset 1938

Other contributory causes of importance:

Name of operation None

Date of 10-25-1939

What test confirmed diagnosis? Chemo. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 2 Date of injury 10-25-1939

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Alfred G. Woodward M. D.

(Address) 1614 W 9 Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/7/39

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.....

Licensed Embalmer No. 2419

P. O. Address.....

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.

Do not use this space.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

