REC'D JUN 20 1938

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

18540

Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township — Primary Registration District No. 2002 — Registered No.
(c) City Joplin — (d) Street No. Freeman Hospital St.
(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 Robert Eugene Copher
(a) Residence, No. 304 N Schuyler Dr. Ave
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1937
7. AGE YEARS — MONTHS 5 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

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.
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) Joplin Mo

FATHER
13. NAME R. C. Copher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alba Mo

MOTHER
15. MAIDEN NAME Addie Nutting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malta Idaho

17. INFORMANT (ADDRESS) Family
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairview DATE 5-21-1938
19. FUNERAL DIRECTOR (NAME) Heathcote Funeral
(ADDRESS) 212 Joplin St
20. FILED 5-20, 1938 Ed. D. James
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1938, to 5-19, 1938
I last saw him alive on 5-19, 1938. Death is said to have occurred on the date stated above, at 1:50 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	
Cecum into ascending	
Colon	
Other contributory causes of importance:	
Peritonitis	

Name of operation ..... Date of 1938
What test confirmed diagnosis? Removal of Part — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
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? .....
If so, specify .....
(Signed) Ed D James, M. D.
(Address) Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

Edd James

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Steve Parker

Licensed Embalmer No. 9548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.