WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D FEB 7 1939

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

3500
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 678
(b) Township — Primary Registration District No. 4404 — Registered No.
(c) City St James — (d) Street No. — 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 145 Thos E Copeland
(a) Residence, No. St James St. (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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) sing
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1938
7. AGE YEARS — MONTHS 2 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) St James Mo

FATHER
13. NAME Cecil E Copeland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenneth Mo

MOTHER
15. MAIDEN NAME Gladys Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba Mo

17. INFORMANT (ADDRESS) H P Copeland St James Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dillon Cem DATE 1-22 1939
19. FUNERAL DIRECTOR (ADDRESS) H E Kickleder St James Mo
20. FILED 1-21- 1939 Elsie B. Houk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939, to Jan 21, 1939
I last saw him alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1-18-39
Other contributory causes of importance: Influenza	1-14-39

Name of operation Tehnical Date of
What test confirmed diagnosis? Was there an autopsy? no

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? no
If so, specify
(Signed) William H Brewer, M. D.
611 (Address) St James, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W E Lickliter, Licensed Embalmer No. 1970

hereby certify that the body recorded on the reverse side of this certificate was embalmed by —

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W E Lickliter

Licensed Embalmer No. 1970

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.)