

NOV APR 23 1940

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

12196
Do not use this space.

1. PLACE OF DEATH
 (a) County Ripley Registration District No. 751
 (b) Township Wakarusa Primary Registration District No. 2992
 (c) City Rural (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 Titus & Daniel Cope
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 83 5 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Lynn 1
 FATHER 13. NAME Sander Cope
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 9
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 9
 17. INFORMANT Frank Cope
 (ADDRESS) Oshty Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairbank Gene DATE 1-19-40
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. H. Taylor Mo
 20. FILED 1/19 1940 St. Louis Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1940
 22. I HEREBY CERTIFY That I attended deceased from Jan 16, 1940, to Jan 18, 1940
 I last saw him alive on Jan 15, 1940 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance, were as follows:
Laber pneumonia Date of onset 4th
100
 Other contributory causes of importance:
similarity
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? l (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) St. Louis _____, M. D.
 (Address) Wakarusa

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 impor

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.

RECEIVED
District Health Officer No. 5,

District File Number 440 360

Date Filed 4 3 40

Signed.....

Licensed Embalmer No.....

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.

11

1940

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