

No. 2
1-10-39
17-39
X21492

REC'D SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29363

Registration District No. 678 Primary Registration District No. 5904 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural St James Mo
(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 _____ (Specify whether _____)
In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rural Safe mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME NANCY C COPELAND
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 5 10 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18
year 1940 hour 10 minute 25 P.M.
21. I hereby certify that I attended the deceased from July 15 to July 18, 1940,
that I last saw h. or alive on July 17, 1940,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 2 8 hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country) Ark. 1
10. Usual occupation House wife

Immediate cause of death My heart failure
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 121
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name 2 Mrs Burgett 9
13. Birthplace Scott Knox (City, town, or county) (State or foreign country) 9
14. Maiden name Margaret Lewis
15. Birthplace Scott Knox (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Chas Copeland
(b) Address St James Mo
17. (a) Burial (b) Date thereof 7-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miles Berry
18. (a) Signature of funeral director W E Tucker
(b) Address St James Mo
19. (a) Aug-15-40 (b) State B. Hook
(Date received local registrar) (Registrar's signature)

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? W!!
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W E Tucker (M. D. or other) !
Address St James Date signed 7-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 940932

Date Filed _____

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

E. L. K. K. K.

Licensed Embalmer No. 3544

P. O. Address St. James

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.