DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29400 91

Registration District No. 5711 Primary Registration District No. 5940 4426 Registrar's No. 91

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.

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 145

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(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 Charlotte Rachael Copeland
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew J. Copeland
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 8, 1853 (Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Saline County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Ab. Holman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Huges
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Jas. Eads
(b) Address Dixon, Mo.
17. (a) Vienna (Burial, cremation, or removal) (b) Date thereof 7/23/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna, Mo.
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.
19. (a) July 30 (Date received by local registrar) (b) 1940 A. S. Lieck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from March, 1940, to July 21, 1940; that I last saw her alive on July 21 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease
Due to Senility
Due to Angina Pectoris

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. K. W. Milligan (M. D. or other) D.O.
Address Dixon Date signed 7-24-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 840863
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 July 21, 1940, Registered Apprentice No. working under my personal supervision.

Signed Fred D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Mo.

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

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