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13-40  
7-39  
X23159

FILED DEC 10 1940  
File No. 38886  
Registration No.

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution:  
St. Johns Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Lifetime years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME Elmo William Coppage  
 (b) If veteran, name war No  
 (c) Social Security No. 455-05-7245

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Geneva  
 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased January 8, 1882  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 11  
 If less than one day hr. min.

9. Birthplace Clinton Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Candy Maker

11. Industry or business Jack Rabbit Candy Co

12. Name Louis Coppage

13. Birthplace Clinton Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Zorada Davis

15. Birthplace Clinton Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Geneva Coppage

(b) Address Joplin Mo - 102 Brownell Ave

17. (a) Burial (b) Date thereof Nov 22 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill Missouri

18. (a) Signature of funeral director Shelley and Co.

(b) Address Joplin, Missouri

19. (a) 11-19-40 (b) E. D. Jensen  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 102 Brownell  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 19  
 year 1940 hour 2 minute 10 AM

21. I hereby certify that I attended the deceased from  
11-16-40, 1940, to 11-18-40;  
 that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial  
fatigue

Due to Myocarditis 9 yrs.

Due to 46

Other conditions Carcinoma rectum  
 (Include pregnancy within 3 months of death)  
Known duration 6 mos.

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
1 wk  
 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?  
3rd

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

23. Signature E. D. Jensen (M. D. or other) \_\_\_\_\_

Address Joplin Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

## 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~~ <sup>not</sup> by

....., Registered Apprentice No. ....  
 working under my personal supervision.

Signed

*Sam E. Emmerich*

Licensed Embalmer No. 4099

P. O. Address *Joplin Mo*

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, fact should be so stated above.