

S. No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43315**

Registration District No. **611**

Primary Registration District No. **5815**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Rural *Newton*
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ years, months or days) 2

3. (a) PRINT FULL NAME Kenneth Earl Copeland
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 25 1940
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 24 hr. _____ min.

9. Birthplace Neosho, Mo. R. 4 Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Newton Co. Mo.

11. Industry or business _____

MOTHER { 12. Name William Copeland
 18. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

14. Maiden name Elsie Wampler
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant William Copeland
 (b) Address Neosho, Mo. R. F. D. # 4

17. (a) Burial (b) Date thereof 12-19-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Salem

18. (a) Signature of funeral director Bill Wampler
 (b) Address Seneca, Mo.

19. (a) Dec 20 40 Merle Sparlin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton
 (c) City or town rural - Dayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Neosho, Mo. R. 4
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 18
 year 1940 hour 6 minute 00 M.
 21. I hereby certify that I attended the deceased from Dec 18, 1940 to Dec 18, 1940;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy none

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?
515 none
 (Specify type of place) (e) Means of injury _____
 While at work? _____
 23. Signature W. C. Barrow (M. D. or other) _____
 Address Seneca Mo Date signed 12/23-40

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

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

RECEIVED

District Health Officer No. 3

District File Number

141-3097

Date Filed

JAN 4 - 1941

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.....

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.