

2-40
-39
23159

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 99

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
506 W. Nettleton St. 1
(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. USUAL RESIDENCE OF DECEASED: 48

(a) State MISSOURI (b) County JACKSON

(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")

(d) Street No. 506 W. Nettleton St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thaddeus Copridge

3. (b) If veteran, name war World War

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4
year 41 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 1934
_____ 19____ to Apr 4 1941
that I last saw him alive on Apr 4 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NANNIE COPRIDGE

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased JAN 19, 1893
(Month) (Day) (Year)

Immediate cause of death Myocardial failure

Due to Cardiovascular renal disease

Due to _____

Other conditions 12/10
(Include pregnancy within 3 months of death)

8. AGE: Years 48 Months 2 Days 17 If less than one day _____
hr. min.

9. Birthplace INDEPENDENCE, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CITY IMPOUNDER

11. Industry or business _____

12. Name BERRY COPRIDGE

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

14. Maiden name IDA STOVALL

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

16. (a) Informant NANNIE COPRIDGE

(b) Address 506 W. NETTLETON ST.

17. (a) BURIAL (b) Date thereof APRIL 3, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM.

18. (a) Signature of funeral director C. E. DANIS

(b) Address 312 - E. LEXINGTON, INDEP. MO.

19. (a) April 9 41 (b) P. J. Cook M.D.
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) [Signature]

Address INDEPENDENCE MO. Date signed 4-8-41

Duration 24 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed.....

L. M. Stein

Licensed Embalmer No.

3156

P. O. Address.....

Indeb Mo

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

If this body is not embalmed, fact should be so stated above.