No. 2
4-13-40
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X23159

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

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17358

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2020

**1. PLACE OF DEATH:**
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community Non-Resident

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County 13
(c) City or town Cowgill (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William L. Copple
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Jane Copple
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Dec. (Month) 22 (Day) 1865 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 75 | 5 | 1 | hr. min. |

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Wm. Harrison Copple
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Inez Harlow
(b) Address 3109 Charlotte
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer, Mo.
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) May 23, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 23rd year 1941 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from 5/19/, 1941 to 5/22/, 1941 that I last saw him alive on 5/22 - 7:00 P. M., 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Heart Block | 1 wk. |
| Due to Chronic myocarditis. From | 1935 |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

93D
93D

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 A. E. Vaughn (M. D. or other) D.O.
Address 615 Chambers Bldg. Date signed 5/23/41

(Licensed Embalmer's Statement on Reverse Side) K. C. Mo.

## 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 Cecil R. Mattes

Licensed Embalmer No. 3807

P. O. Address K C MO

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

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