No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18054

Registration District No. 400 | Primary Registration District No. 5553B | Registrar's No. 97

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Lee's Summit Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 50 Highway 14 Mi. North of West 3rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: None

2. USUAL RESIDENCE OF DEASCEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3007 Linwood Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME: Janice Eileen Copeland
3. (b) If veteran, name war: ✓
3. (c) Social Security No. 500-14-1514
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Sept (Month) 11 (Day) 1927 (Year)

8. AGE: Years 16 | Months 8 | Days 8 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Mail Order House Emp.
11. Industry or business: Montgomery Ward & Co.
FATHER
12. Name: Clifford L. Copeland
13. Birthplace: Bethlehem (City, town, or county) / Conn. (State or foreign country)
MOTHER
14. Maiden name: Eva Pierce
15. Birthplace: Girard (City, town, or county) / Kan (State or foreign country)
16. (a) Informant: Clifford L. Copeland
(b) Address: Pleasant Hill Mo RR1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Pk
18. (a) Signature of funeral director: N. B. Lange Jr.
(b) Address: Lee's Summit Mo
19. (a) 5-26-41 (Date received local registrar) (b) Lora G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1941 hour 8:15 A minute A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw her alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Crushing Injury of Chest — Duration
Due to: Automobile Accident
Due to: Passenger in car
Other conditions (Include pregnancy within 3 months of death): C
Major findings: Of operations: I.D.C. 1 4 12
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): Accident
(b) Date of occurrence: 5-18-41
(c) Where did injury occur? Off Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway (Specify type of place)
While at work? (e) Means of injury: Auto Truck Collision
23. Signature: Russell W. Jen (M. D. or other) 5/19/41
Address: K. City Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 3233

P. O. Address Lees Summit 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, above space should be left blank.