

FILED JUL 17 1941

Registration District No. 86 Primary Registration District No. 5400 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Holcomb Mo. R#1
(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 _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 35

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

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gary Leon 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 June 16 40
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
11 15 4 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 1 minute 3 AM

21. I hereby certify that I attended the deceased from May 30-1941
May 31 1941 to _____, 1941

that I last saw alive on May 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death (Pulitis) ✓
Duration 3 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Senath Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Dewey Otho Copeland

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

14. Maiden name Lockie Marshall

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

16. (a) Informant Dewey O. Copeland

(b) Address Holcomb Mo. R#1

17. (a) Burial (b) Date thereof June-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Cemetery

18. (a) Signature of funeral director Lentz Service

(b) Address Kennett Mo.

19. (a) 6-241 (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Robert E. Maiter (Specify type of place) _____
While at work? _____ (e) Means of injury _____

Date signed 5-31-41

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

RECEIVED

District Health Officer No. 2,

District File Number 741-914

Date Filed 7/16/41

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, fact should be so stated above.