

No. 2
-13-40
17-39
X2315

FILED AUG 11 1941
Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **8987**

1. PLACE OF DEATH:
 (a) County **Cooper** **Boonville**
 (b) City or town **319 East Springs**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
~~Boonville~~ **319 East Springs**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **nine weeks**
years, months or days

3. (a) PRINT FULL NAME **JULIA ANN COPELAND**
 3. (b) If veteran, name war **✓** 3. (c) Social Security No. **L**

4. Sex **female** race **white** 5. Color or 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **James S Copeland** 6. (c) Age of husband or wife if alive **✓** years **27**
 7. Birth date of deceased **Sept. 27, 1856**
(Month) (Day) (Year)

8. AGE: Years **84** Months **9** Days **27** If less than one day
 hr. min.

9. Birthplace **Kentucky** 1
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
 12. Name **William Cary**

13. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Bailey**

15. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Frank Over**
 (b) Address **3 Boonville MO.**

17. (a) **burial** (b) Date thereof **July 21, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marshall Ins.**

18. (a) Signature of funeral director **W. L. Swanson**
 (b) Address **Marshall Ins.**

19. (a) **7-22-41** (b) **W. L. Swanson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cooper** **027**
 (c) City or town **Boonville** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **319 East Springs**
(If rural, give location)
 (e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **19th**
 year **1941** hour **3:30** minute **0** M.

21. I hereby certify that I attended the deceased from **July 18th**
 1941 to **July 19th**, 1941;
 that I last saw her alive on **July 18th**, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertension** Duration _____

Due to _____
 Due to **27c**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
 While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **W. L. Swanson** (M. D. or other) **D**
 Address **Boonville MO.** Date signed _____

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

7
1
2

RECEIVED
District Health Officer No. 8,
District File Number
8-6-48
Filed

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.....

J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address..... *Marshall, Va*

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.