

FILED AUG 29 1941

Registration District No. 542

Primary Registration District No. 57314322 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Maries
 (b) City or town Vienna, Missouri
(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 all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Maries
 (c) City or town Vienna, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. ✓
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1941 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from
January 12, 1941 to July 27, 1941
 that I last saw h. er alive on July 27, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Calvarium, Duration
12th dorsal and 4th lumbar vertebrae, ?
and rt. 7th rib.

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

Major findings: Right radical mastectomy
2 years ago. Duct type carcinoma
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature S.C. Howard Dr. or other
 Address Vienna, Mo. Date signed 7/31/41

3. (a) PRINT FULL NAME Grace Estella Copeland

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced
 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 2, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Dixon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Chas. Kehr

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

14. Maiden name Mary Jane Light

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

16. (a) Informant Mrs. Frank Liesman

(b) Address Vienna, Missouri

17. (a) burial (b) Date thereof July 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Public Cemetery

18. (a) Signature of funeral director W.C. Birmingham

(b) Address Vienna, Mo.

19. (a) Aug 7, 1941 (b) Mrs. Lora Eads
(Date received by Registrar) (Registrar's signature)

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

906

063
0
0

55B

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 *W.C. Cunningham*

Licensed Embalmer No. *3664*

P. O. Address *Clemey M.*

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.