

FILED NOV 8 1941

Registration District No. 376

Primary Registration District No. 4191

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Breche  
(b) City or town Ash Grove, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Charles B. Coppinger

3. (b) If veteran, \_\_\_\_\_ (c) Social Security name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 26 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Higg Coppinger

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Fred Coppinger

(b) Address Ash Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 26 41 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Morris J. Leiman

(b) Address Ash Grove, MO

19. (a) 10/25/41 (Date received local registrar) (b) Mrs. Leonard Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Breche  
(c) City or town Ash Grove (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1941 hour 9 minute 13 M.

21. I hereby certify that I attended the deceased from Sept 17 1941 to Oct 23 1941; that I last saw him alive on Oct 23 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Disease

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations gfa  
Of autopsy \_\_\_\_\_

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 D. Charles H. Orr (M. D. or other)  
Address Ash Grove, MO Date signed 10/25/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Community Health Center  
41-11-10.1  
11/7/41

**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, above space should be left blank.**