

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6596

Do not use this space.

1. PLACE OF DEATH

(a) County Garrison  
(b) Township Rock  
(c) City or  
(e) Length of residence in city or town where death occurred

Registration District No. 303  
Primary Registration District No. 5420

Registered No. \_\_\_\_\_

(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
St. \_\_\_\_\_  
How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GLEN COPELAND JR  
RURAL

(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14 - 1942</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>First Creek</u> (STATE OR COUNTRY) <u>Garrison Co. Mo.</u>		
FATHER	13. NAME <u>Fred Copeland</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Osage Mo.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Leta Oliver</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Fronten Mo.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Fred Copeland</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First Creek</u> DATE <u>2/26/42</u>		
19. FUNERAL DIRECTOR (NAME) <u>W. A. Jeter</u> (ADDRESS)		
20. FILED <u>2-25</u> 19 <u>42</u> <u>Anna K. Rickhoff</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1942 to Feb. 24, 1942  
I last saw him alive on Feb. 23, 1942 Death is said to have occurred on the date stated above, at 1 P m.  
The principal cause of death and related causes of importance were as follows:

Umbilical hemorrhage

Date of onset 2/23

Other contributory causes of importance:

Icterus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis coagulation here an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. A. Jeter, D.O. XXX  
(Address) Hermann, Mo.

**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.....

*Not Embalmed*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. Ruediger*

Licensed Embalmer No.....

*2044*

P. O. Address.....

*Peoria 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.**