

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County: Audrain  
(b) City or town: Mexico City  
(c) Name of hospital or institution:  
321 W. Promenade St.  
(d) Length of stay: In hospital or institution: 1 year  
In this community: 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain  
(c) City or town: Mexico  
(d) Street No.: 321 W. Promenade St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Samuel Copeland

(b) If veteran, name war: None (c) Social Security No.: None

4. Sex: Male (5. Color or race: White) (6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: January 18, 1871

8. AGE: Years 71, Months 5, Days 18

9. Birthplace: Unknown (State or foreign country): 9

10. Usual occupation: Laborer

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

12. Name: Unknown

13. Birthplace: Unknown (State or foreign country): 9

14. Maiden name: Unknown

15. Birthplace: Unknown (State or foreign country): 9

16. (a) Informant: Mrs. Glen Lyne

(b) Address: Mexico, Mo.

17. (a) Burial (b) Date thereof: July 8, 1942

(c) Place: burial or cremation: Elmwood, Mexico, Mo.

18. (a) Signature of funeral director: [Signature]

(b) Address: Mexico, Mo.

19. (a) July 6-42 (b) Margaret N Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1942 hour 6 minute - A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary infarct  
to his death by natural cause - old age with heart failure

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

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

Other conditions: (Include pregnancy within 3 months of death) 1628

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? \_\_\_\_\_

(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: 3

23. Signature: E. J. Boulton, coroner (M. D. or other)

Address: Mexico, Mo. Date signed: 7/6/42

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

4  
1  
2

26

FILED AUG 14 1942

1078

RECEIVED

District Health Officer No. 10

District File Number 8-42-1350

Date Filed AUG 11 1942

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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P.O. Address Mexico, 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, fact should be so stated above.