

S. No. 2
OM-5-42
ev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31518**

FILED OCT 7 1942

Registration District No. **341**

Primary Registration District No. **4152A**

Registrar's No. **40**

103
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Stoddard**

(a) County **Stoddard**

(b) City or town **Dexter Rural Liberty**
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard** **103**

(c) City or town **Dexter Rural** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **George Albert Copeland**

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

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

6. (b) Name of husband or wife **Sarah E. Copeland** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **Feb. 27 1856**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24** year **1942** hour **4** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **Sept. 5th 1942** to **Sept. 23 1942** that I last saw him alive on **Sept. 23 1942** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	86	6	27	hr. _____ min. _____

9. Birthplace **Near Salem Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Immediate cause of death **Senility**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **162 lb**

11. Industry or business _____

12. Name **Hugh Copeland**

13. Birthplace **No Record 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary McNeil 9**
(City, town, or county) (State or foreign country)

15. Birthplace **No Record 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah E. Copeland**
(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **9/25/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dexter, Mo. Cem.**

18. (a) Signature of funeral director **Blankenship-Strickland**
(b) Address **Dexter, Mo.**

19. (a) **9-30-42** (b) **Worasmith**
(Data received local registrar) (Registrar's signature)

Major findings: Of operations _____

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 **2 00**

23. Signature **A. Cannon** (M. D. or other) **00**
Address **Dexter** Date signed **9/26/42**

RECEIVED

District Health Office No. 2,

District File Number 1042-1220

Date Filed 10-5-42

NOV 9 2 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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. 3479
P. O. Address Dexter, 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.