

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40780  
State File No.

LED DEC 10 1943

Registration District No. 469 176 Primary Registration District No. 5634 8654 Registrar's No. 53

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Miller R.R.  
(c) Name of hospital or institution: 1 - Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9th her life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Miller R.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country USA

3. (a) PRINT FULL NAME Isabelle Jane Calk  
3. (b) If veteran, No name war 2  
3. (c) Social Security No. 1

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 15  
year 1943 hour 11 minute 15 P. M.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, 2 divorced, widow  
6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased 12 - 24 - 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 30 1943 to Oct 15 1943  
that I last saw her alive on Oct 14 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
82 9 25 hr. min.

Immediate cause of death apoplexy  
Duration 10 day

9. Birthplace Lawrence Co. Mo.  
(City, town, or county) (State or foreign country)

Due to 83a1  
Due to  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation

Major findings: Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name John Copehand  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Melvind Manning  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Cameron  
(b) Address Miller Mo.  
17. (a) Burial (b) Date thereof 10-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shilo

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

18. (a) Signature of funeral director Morgan Luman  
(b) Address Miller Mo.  
19. (a) 12-1-1943 (b) Anna Whinnery  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. L. J. Holman (M. D. or other)  
Address Miller Mo. Date signed 10-15-43

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1378

Date Filed DEC 13 1943

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**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 *E. R. Leinson*

Licensed Embalmer No. 3297

P. O. Address Miller 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.**