

FILED FEB 14 1944

Registration District No. 386

Primary Registration District No. 3039

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Ruin  
(b) City or town Marceline  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 26 years years, months or days)

3. (a) PRINT FULL NAME Mrs Jennie Copenhagen

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

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

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

7. Birth date of deceased Dec. 4 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wm Hatch

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

14. Maiden name Packard Latta

15. Birthplace Flossie Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Flossie Stevenson

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Jan 9 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pedern Chapel

18. (a) Signature of funeral director James M. Layman

(b) Address Marceline Mo

19. (a) 1-9-44 (b) J. Patrick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ruin

(c) City or town Marceline (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1944 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1 1944 to Jan 7 1944 that I last saw her alive on Jan 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 yrs

Due to Chronic Bronchitis 10 yrs

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

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. Patrick (M. D. or other) \_\_\_\_\_ Address Marceline Mo Date signed 1-9-44

MAR 12 1948

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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 Blanche Maughlin  
Licensed Embalmer No. 1909  
P. O. Address Maradine M

**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.**