

FILED APR 12 1944

Registration District No. 207

Primary Registration District No. 4500

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Leonard
(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 7 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 109
(c) City or town Leonard 0
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ella Grant Copenhaver

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 Charles Copenhaver 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 8th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 13 hr. _____ min.

9. Birthplace Russellville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____
12. Name Daniel W Marshall
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Forrest Copenhaver
(b) Address Leonard Mo
17. (a) Burial (b) Date thereof 3/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville Mo
18. (a) Signature of funeral director William Parkers
(b) Address Shelby Mo

19. (a) April 4 44 (b) Walter Gooch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1943 to March 20 1944
that I last saw her alive on March 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 5 weeks
Due to Symptomatic cardio-vascular disease 10 year

Other conditions Diabetic Mellitus
(Include pregnancy within 3 months of death)

Duration

5 weeks

10 year

Major findings:
Of operations _____

Of autopsy 61

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Wright DO
Address Leonard Mo. (M. D. or other) _____
Date signed 3/23/44

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

200

1045

RECEIVED

District Health Officer No. 10

District File Number 4-44-795

Date Filed APR 11 1944

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 *Henry A. Darsfelder*

Licensed Embalmer No. 3835

P. O. Address *Shelburne 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.