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

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 minutes  
In this community 20 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 525 E. Madison  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Infant Son of Mr. & Mrs. Joe Coppage  
(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 Infant  
(b) Name of husband or wife None  
(c) Age of husband or wife if alive XX years  
7. Birth date of deceased April 19, 1944  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 19,  
year 1944 hour 11:00 minute A. M.  
21. I hereby certify that I attended the deceased from 4-19-44  
to 4-19-44  
that I last saw him alive on 4-19-44  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
0 0 0 0 hr. 20 min.

Immediate cause of death Premature infant  
Due to (Mrs)  
Due to Abortion at home  
Other conditions Spontaneous  
(Include pregnancy within 3 months of death)

9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

Major findings: 159  
Of operations 0  
Of autopsy 0  
PHYSICIAN 0  
Underline the cause to which death should be charged statistically.

10. Usual occupation Infant  
11. Industry or business 0  
12. Name Joe Coppage  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Coppage  
(b) Address Springfield, Missouri  
17. (a) Burial (b) Date thereof April 19, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ash Grove, Missouri

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? 0 (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature J. L. Johnston (M. D. or other) 0  
Address Springfield, Mo Date signed 4-19-44

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri  
19. (a) 4-19-44 (b) W. J. Hurdley  
(Date received local registrar) (Registrar's signature)

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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

Licensed Embalmer No.....

P. O. Address.....

**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.