

No. 2
5-42
17-39
X32873

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18030

FILED JUN 8 1944
Registration District No. 100A

Primary Registration District No. 2000

Registrar's No. 4621

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two weeks Hospital
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Wallace C. Cope

3. (b) If veteran, name war World War

3. (c) Social Security No. unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 9 1944 to May 31 1944 that I last saw him alive on May 29 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Whit.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bonnie Cope

6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Oct 1922
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 2 yr.

8. AGE: Years 51 Months 7 Days 25 If less than one day hr. min.

Due to 94a

Other conditions 94a
(Include pregnancy within 3 months of death)

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

10. Usual occupation Banker

Major findings: Of operations none made

Of autopsy none made

PHYSICIAN 94a
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Claude M. Cope

13. Birthplace unk. Ind. I
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lutz

15. Birthplace unk. Mo O
(City, town, or county) (State or foreign country)

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? -

16. (a) Informant Hollis Lively

(b) Address Crane Mo

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof May 31, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Crane Mo

23. Signature H. L. Kern (M. D. or other) 0

Address Crane, Mo. Date signed 6-1-44

18. (a) Signature of funeral director George H. Mendenhall

(b) Address Crane, Mo.

19. (a) 6-1-44 (Date received local registrar)

(b) S. M. Handley (Registrar's signature)

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

AUG 25 1944

AUG 15 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 George H. Manlove
Licensed Embalmer No. 5827
P. O. Address Cranmo

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.