

FILED JUN 22 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No.

495

1. PLACE OF DEATH: GREENE  
 (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: 424 HOVEY ST.  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Greene 39  
 (c) City or town Springfield 2  
 (If outside city or town limits, write "RURAL") 6  
 (d) Street No. 1917 V. H. Grant  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUCY COPELAND SIMPSON  
 (b) If veteran, name war NONE  
 (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June 11 day 11-  
 year 1944 hour 3 minute 45 P. M.

4. Sex FEMALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOW  
 6. (b) Name of husband or wife: reub.  
 6. (c) Age of husband or wife if alive: 44 years  
 7. Birth date of deceased: MARCH 9 1868  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/4/43 to 6/11/44, 1944  
 that I last saw him alive on 6/4/44, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Coronary Artery  
 Duration 2 mo

9. Birthplace: MARIES CO. MO. (City, town, or county) (State or foreign country)  
 10. Usual occupation: House Wife  
 11. Industry or business: at Home

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death): none  
 Major findings: no H6  
 Of autopsy: no

12. Name: Jahan Copeland  
 13. Birthplace: MARIES CO. MO. (City, town, or county) (State or foreign country)  
 14. Maiden name: Etienne Henson  
 15. Birthplace: MARIES CO. MO. (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Earl Meade  
 (b) Address: Springfield, Mo.  
 17. (a) Burial (b) Date thereof: June 13-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Dixon Mo.  
 18. (a) Signature of funeral director: J. W. Hingert  
 (b) Address: Springfield, Mo.  
 19. (a) 6-13-44 (b) J. B. W. Handley  
 (Date received local registrar) (Registrar's signature)

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: J. F. Freeman (M.D. or other)  
 Address: Springfield, Mo. Date: 6/12/44

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

29  
22  
6

MOTHER FATHER

**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

*Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

**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.**