

FILED DEC 27 1944

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 2007

Registrar's No. 401

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
11th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 40 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
(c) City or town Poplar Bluff 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 11th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel H. Copeland

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah A. Copeland 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 2 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 2 13 hr. min.

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

10. Usual occupation Timberman

11. Industry or business Lumber

12. Name Hugh Copeland

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

14. Maiden name Mary McNeil

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

16. (a) Informant Mrs. P.P. W. Meek

(b) Address Memphis, Tenn.

17. (a) Burial (b) Date thereof 12/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff Missouri

19. (a) 12-18-44 (b) Bille Turner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
year 1944 hour 4 minute p. M.

21. I hereby certify that I attended the deceased from 12-14, 1944, to 12-15, 1944  
that I last saw him alive on 12-15-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Bronchial Asthma - Hypertrophy of Heart - Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 H. H. Croy M.D. (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed 12/18/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Wallace M. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff, Misso.....

**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.**