

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

Registration District No. 174 Primary Registration District No. 5644

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Livingston (Rural)
(c) Name of hospital or institution: 5 1/2 mi. S. Livingston
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 78 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Livingston
(If outside city or town limits, write "RURAL")
(d) Street No. 5 1/2 mi. S.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD KOPMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Timidas 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Sept 6 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Luke Kopman
13. Birthplace St. Charles, MO
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Shuckoff
15. Birthplace St. Charles, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joan Kromer

(b) Address Livingston, MO

17. (a) Burial (b) Date thereof 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director F. Schuchoff
(b) Address Livingston, MO

19. (a) Jan - 6 - 45 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 1944 to Dec 6 1944
that I last saw him alive on Dec 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac exhaustion
Duration 98 hr

Due to Arterio sclerosis
Fracture femur / ap 1944 - 7 mo
Due to general debility & senility

Other conditions (Include pregnancy within 3 months of death) _____

ADL SUPPLY PHYSICIAN
Major findings: INFORMATION REQUESTED
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)
(c) Means of injury ✓

23. Signature [Signature] (M. D. or other) _____
Address Livingston, MO Date signed 2/21/45

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-10-45

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 J. H. McKean

Licensed Embalmer No. 2983

P. O. Address Leington 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.

Registration District No. 174 Primary Registration District No. 5644

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Edward Kepman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept (Month) 19 (Day) 1906 (Year)

8. AGE: Years 88 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1944 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____, 19 _____, that I last saw him _____ alive on _____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1062

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence May 29 - 1944

(c) Where did injury occur? In house on farm (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? fell from chair

While at work? No (Specify type of place) _____ (e) Means of injury _____

23. Signature Ol. P. P. P. (M. D. or other) _____
Address Lafayette Mo Date signed 2/3/44

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

SUPPLEMENTARY

41443

1951
C. T. ...