

Registration District No. 126 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Joplin General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 48
(c) City or town Joplin 9
(If outside city or town limits, write "RURAL")
(d) Street No. 915 W. 20th Street 5-
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clata Zelma Copeland

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clennis Eugene Copeland 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 8, 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name C: A. Tracey

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

14. Maiden name Agnes Bowman

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Copeland

(b) Address 915 W. 20th, Joplin, Missouri

17. (a) burial (b) Date thereof 2/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 2-20-45 (b) Gertie A. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1945 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec. 30, 1945 to Feb. 18, 1945
that I last saw her alive on Feb. 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart + Respiratory failure

Due to Septicemia

Due to Pelvic infection 1 yr.

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

Major findings:
Of operations B
Of autopsy _____

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

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 C. E. Heimer (M. D. or other) 200

Address 521-W-4 Date signed 2-20-45

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

29
2
5

45-2-154

MAR 29 1949

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.