S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

9893

State File No.

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 51

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: Jasper County Infirmery 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8½ months (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route 4, Carthage
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME Henry Coppock

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Maude Oneal Coppock

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

7. Birth date of deceased August (Month) 22 (Day) 1859 (Year)

8. AGE: Years 85 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Wayne County (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Deputy Sherrif (retired)

11. Industry or business None

PATHER
12. Name Benjamin Coppock
13. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Caroline Buffington
15. Birthplace Unknown (City, town, or county) Penn. 1 (State or foreign country)

16. (a) Informant Ralph H. Coppock
(b) Address Minneapolis 6, Minnesota

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Siloan Springs, Ark.

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) March 5 '45 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 3
year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Mch 1, 1945 to Mch 3, 1945
that I last saw him alive on Mch 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart failure

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. N. Webster (M. D. or other)
Address Carthage Mo Date signed Mch 5 X5

1203

(Licensed Embalmer's Statement on Reverse Side)

45-3-272

## 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 Emma L Kneel

Licensed Embalmer No. 391

P. O. Address Carthage

**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.**