7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16670

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 107

1. PLACE OF DEATH:
(a) County Cole Jefferson City Mo.
(b) City or town St Mary's Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries
(c) City or town Meta Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Granville Marion Copeland
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Copeland
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 22 1871 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Vienna Maries County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Willian Copeland
13. Birthplace Maries Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Evelyn Cowan
15. Birthplace Maries Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mary Copeland
(b) Address Meta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna Cemetery
18. (a) Signature of funeral director H H Strope
(b) Address Meta Mo
19. (a) 5-14-45 (Date received local registrar) (b) Verna Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1945 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 24, 1945, to May 13, 1945 that I last saw him alive on May 13, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning — Duration
Due to 6 hr. Restriction
Due to Carcinoma of Stomach

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Gastric Ca c extension to colon
Of operation
Of autopsy Yes

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 J A Overman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 5/14/45

694 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-19-45

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 H. H. Strop

Licensed Embalmer No. 2924

P. O. Address Meta 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.