S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1945

Dr G. Hagg

State File No. 23044

Registration District No. 138 Primary Registration District No. 5465 Registrar's No. 581

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural N. Campbell Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural Spfd., N. Campbell Twp. (If outside city or town limits, write "RURAL")

(d) Street No. Route 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Buna Bryan Cope

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry J. Cope

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

7. Birth date of deceased November (Month) 30, (Day) 1868 (Year)

8. AGE: Years 76 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Dr. J. F. Bryan
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Ellen McDow
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Henry J. Cope

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-28-45 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th, year 1945 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from several years, 19 to 7-25-, 1945 that I last saw her alive on 7/25/45, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio renal syndrome

Due to Has had anginoso attacks arterial hardening

Due to Mitral regurgitation albuminuria

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3/W

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 Garrett Hagg (M. D. or other)

Address 510 Woodruff Bldg. Spfd., Mo. Date signed 7/28/45

984 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3044

P. O. Address Springfield 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.