

No. 2
-8-43
-17-39
X37823

State File No. _____

FILED FEB 7 1946
Registration District No. 206

Primary Registration District No. 2042

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredricktown Mo.
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

(c) City or town Fredricktown Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 822 S Marshall
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby COPHER (TWIN)

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 S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 23 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 0 4 hr. 35 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Cecil Copher

13. Birthplace Madison Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Snodgrass

15. Birthplace St Francis Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil H Copher

(b) Address Cecil H Copher

17. (a) Burial (b) Date thereof 1-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old fellow came

18. (a) Signature of funeral director Wells & Wells

(b) Address Fredricktown Mo.

19. (a) 1-24-46 (b) Therence Becker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1946 hour _____ minute 6 A.M.

21. I hereby certify that I attended the deceased from Jan 23
1946 to Jan 23 1946

that I last saw him alive on Jan 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 159

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 Keith L. Hull (M. D. or other) D.O.

Address Fredricktown Mo. Date signed 1-24-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1536

RECEIVED

City Health Officer No. 4
District File Number 242-1627
Date Filed 2-6-46

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. _____

P. O. Address _____

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.