

S. No. 2
M-2.43
P. 5-17-49
X35697

FILED MAY 8 1946

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Cape Girardeau CO.
(b) City or town Cape Girardeau mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 12 days -
In this community 12 days.
years, months or days) Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Madison
(c) City or town Rural - RT # 3
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EMMA COPELAND

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from 4-14 to 4-25 1946
that I last saw h alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Parasomnia of Stomach

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 468
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 [Signature] (M. D. or other) [Signature]
Address Cape Girardeau Date signed 4/26/46

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

MOTHER FATHER

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife James Copeland 6. (c) Age of husband or wife if alive 0
Birth date of deceased June 23 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Madison CO mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Penney G. Spaggs

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

14. Maiden name Marie Pruitt

15. Birthplace Madison CO mo
(City, town, or county) (State or foreign country)

16. (a) Informant William Copeland

(b) Address Rt 3 Freedom Brown mo

17. (a) Burial (b) Date thereof Apr 26 1946
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Little Dix Cem.

18. (a) Signature of funeral director West & Helt

(b) Address Freedom mo

19. (a) 4-29-1946 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

JUN 10 1946

RECEIVED

Public Health Officer No. 4
District File Number 546-2081
Date Filed 5-7-46

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

John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, Md.

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.