

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15704

State File No. _____

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Dallinger
(b) City or town Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME MATTIE COPMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Copman 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Nov. 11, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Clay County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bill McCoy
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Roberts
(b) Address Brownwood, Mo

17. (a) Burial (b) Date thereof May 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial

18. (a) Signature of funeral director George S. Morgan

(b) Address Advance, Mo

19. (a) May 29, 1946 (b) Willie A. Ouldenburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. New Brownwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1946 hour 12 minute A M.

21. I hereby certify that I attended the deceased from May 14 to May 23, 1946
that I last saw him alive on June, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility
Due to _____

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

Major findings: Of operations 938
Of autopsy _____

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) (c) Means of injury _____

Signature E. C. Masters (M. D. or other) MD

Address Advance Mo Date signed 5-23-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14596

25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Sanitary Health Officer No. 4
Sanitary File Number 646-2215
Date Filed 6-7-46

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Glenn S. Morgan
Licensed Embalmer No. 3361
P. O. Address Advocate, 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.