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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27897

State File No.

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 124

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 3 days (Specify whether years, months or days)
In this community about 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 222 West Thompson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carrie Belle McCoppin
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles A McCoppin
6. (c) Age of husband or wife if living deceased years
7. Birth date of deceased Nov - 7 - 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Nodaway County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name John W. Houghtaling
FATHER 13. Birthplace Unknown Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Kate Berger
MOTHER 15. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Burial T. Wright
(b) Address 222 W. Thompson St Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bolckow Mo
18. (a) Signature of funeral director Campbell Funeral
(b) Address Maryville Mo
19. (a) Aug 8-1946 (Date received local registrar) (b) Ress Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1946 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec 5 — 1945 to Aug 7th 1946 that I last saw her alive on Aug 7 — 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	2 yrs
Due to: valvular disease of heart	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none	
Of autopsy: None	

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 0
23. Signature L E Dean (M. D. or other)
Address Maryville Mo Date signed 7-8-46

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W. Dean Campbell

Licensed Embalmer No. 2630

P. O. Address Maryville 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.