No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28038

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. 4 days (Specify whether years, months or days)

In this community Two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Fort Leonard Wood 0
(If outside city or town limits, write "RURAL")

(d) Street No. 25 C Rolla 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Archie Clarence Coppedge

3. (b) If veteran, name war ~

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased August (Month) 1 (Day) 1889 (Year)

8. AGE: Years 57 Months Days 20 If less than one day hr. min.

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

10. Usual occupation Shoe Repair Man

11. Industry or business ✓

FATHER
12. Name George W Coppedge
13. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cynthia Ann Kitchens
15. Birthplace Dent County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John W. W. Coppedge

(b) Address 25 C Rolla, Ft Leonard Wood, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 20 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Coppedge Cemetery

18. (a) Signature of funeral director Hobson & Grantham

(b) Address Salem, Mo.

19. (a) Aug 26 1946 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1946 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from Apr 16 1946, to Aug 20 1946 that I last saw him alive on Aug 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia bronchial — Duration 7 day

Due to Hemiplegia about 5 mo.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

83D

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) no

(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 C. Mallett (M. D. or other)

Address Crocker, Mo. Date signed 8-20-46

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(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 Max L. Wafel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.