No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35852

Registration District No. 338 Primary Registration District No. 4501 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield, 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stddard 103
(c) City or town Bloomfield, (If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Davis F. Cope,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gustex Cope,
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Aug. (Month) 28. (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	1	26	hr. min.

9. Birthplace Cass vilee (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Carptener
11. Industry or business
FATHER
12. Name Larkin ~~Spa~~ Cope
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Josephine Keathley
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Gusta Cope,
(b) Address Bloomfield, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Oct. 26, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Bloomfield, Mo.
19. (a) Nov. 1, 1946 (Date received local registrar) (b) Rose Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1946 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 24, 1946, 19, to Oct 24, 1946 that I last saw him alive on Oct 24, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Leukemia	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) N.A.P.	
Major findings: Of operations Enlarged spleen	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ha. Harris (M. D. or other) MD
Address Bloomfield Mo Date signed 10-25-46

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(Licensed Embalmer's Statement on Reverse Side)

[redacted]

RECEIVED
District Health Office No. 2
District File Number 1146-1297
Date Filed 11-7-46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.