

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12766**
Registrar's No. **66**

Registration District No. **59**

Primary Registration District No. **4099**

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
125 Front St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community since 1912
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 125 Front St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Haley Samantha Cope

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Abigia C. Cope 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 27 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Cleburn Co. Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abraham Parris
13. Birthplace ? S. C.
(City, town, or county) (State or foreign country)
14. Maiden name Mahaley Cantrell
15. Birthplace ? S. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry Bricker
(b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof 4-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Missouri

19. (a) April 30, 1947 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14
year 1947 hour 9 minute 25 p.m.

21. I hereby certify that I attended the deceased from 1943 to Apr 14 1947
that I last saw her alive on Apr 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 63 H

Major findings:
Of operations _____
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) _____ (e) Means of injury _____

23. Signature L. V. ... (M. D. or other) _____
Address Pleasant Hill, Mo Date signed 4-18-47

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

By me 4-14-47......, Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brownfield*
Licensed Embalmer No. *3785*
P. O. Address *Pleasant Hill.*

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.