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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3044

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution: Poplar Bluff Hospital  
(d) Length of stay: In hospital or institution Life  
In this community Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(d) Street No. Route 1  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Emily Louise Copeland  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 13  
year 1947 hour 9 minute P. M.

4. Sex F / 5. Color or race W  
6. (b) Name of husband or wife Benjamin Copeland  
7. Birth date of deceased Feb. 13 1884

21. I hereby certify that I attended the deceased from 4-13 1947 to 9-13 1947  
that I last saw her alive on 9-13-47  
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 7 Days 0

Immediate cause of death Cerebral Accident  
Duration 1 hour

9. Birthplace Pararie Du Roche Illinois

Due to Arteris Sclerosis

10. Usual occupation Housewife

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Other conditions: \_\_\_\_\_

12. Name Adolph Queffenne

Major findings: \_\_\_\_\_

13. Birthplace N.Y.

Of operations \_\_\_\_\_

14. Maiden name Josephine Duffenne

Of autopsy \_\_\_\_\_

15. Birthplace Illinois

PHYSICIAN \_\_\_\_\_

16. (a) Informant Benjamin Copeland

Underline the cause to which death should be charged statistically.

(b) Address Poplar Bluff, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 9/15/47

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(c) Place: burial or cremation Sparkman cemetery

(b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director Greer Croy & Fitch

(c) Where did injury occur? \_\_\_\_\_

(b) Address Poplar Bluff, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

19. (a) 10/3/47 (b) [Signature]

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 9-30-47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1047-1324

Date Filed 12-2-42

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**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 Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.**