

FILED FEB 3 1948 42  
Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 79

## 1. PLACE OF DEATH:

(a) County BUCHANAN  
 (b) City or town ST. JOSEPH  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1207 Dewey Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 31 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME AMELIA COPELIN3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race whit  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if  
 alive years  
 7. Birth date of deceased April 29 1864  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	<u>83</u>	<u>8</u>	<u>21</u>	.....hr. ....min

9. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)10. Usual occupation at home

## 11. Industry or business

MOTHER FATHER  
 12. Name unk  
 13. Birthplace unk Mich 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unk  
 15. Birthplace unk Mich 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant matr Dillard  
 (b) Address 1207 Dewey, St. Joseph, Mo  
 17. (a) burial (b) Date thereof 1-23-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director St. Joseph Home  
(b) Address St. Joseph, Mo19. (a) 1-24-48 (b) W. L. Jenkins  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1207 Dewey Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? not (Yes or No?)  
 If yes, name country .....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1948 hour 1 minute 20 P.M.21. I hereby certify that I attended the deceased from Jan 8  
1948 to Jan 20 1948  
that I last saw h...w alive on Jan 20 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia Duration 50 daysDue to Chronic Kidney Conditions  
Due to arterio sclerosis notedOther conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.....

Of autopsy.....

## PHYSICIAN

Underline the cause of 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)

23. Signature Dr. Robert W. ...  
Address 109 1/2 718 St. Joseph Mo Date signed 1/24-48

9107-10-10-10

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 \_\_\_\_\_

*Charles M. Herman* ..... Registered Apprentice No. *450*  
working under my personal supervision.

Signed *John Roy Stoney* .....

Licensed Embalmer No. *2435* .....

P. O. Address *St. Joseph* .....

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.