

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3748

Registration District No. 358 Primary Registration District No. 4524 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Vermon
(b) City or town Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community ✓ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vermon ¹⁰⁸
(c) City or town Walker
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Jasper Cope

3. (b) If veteran name was None (c) Social Security No. None

4. Sex Male 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 May 11 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 6 hr. min.

9. Birthplace Saint Clair Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Albert F. Cope

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Dalton

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Cope

(b) Address Walker Mo

17. (a) Burial (b) Date thereof Jan 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvard Cemetery

18. (a) Signature of funeral director Allen J. Gray
(b) Address Meigsdale Mo

19. (a) Jan 20 1948 (b) Mrs Sarah E Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-15 1948 to Do 1-18 1948
that I last saw him alive on 1-15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute left ventricular heart attack
Due to Hypertension

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations PO

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) (c) Means of injury

23. Signature C. B. Davis (M. D. or other)

Address Walker Mo Date signed 1-19-48

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

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 1-48-9
Date Filed 4-5-48

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 Allen T. Kays
Licensed Embalmer No. 1968
P. O. Address Nevada, 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.