. S. No. 2
—11-10-39
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 FEB 4 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3749

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washtu Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 yr. 3 mo 5 da (Specify whether years, months or days)
In this community Same period

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis City. 0-0-0 17
(c) City or town St. Louis. 4 (If outside city or town limits, write "RURAL")
(d) Street No. City Sanitarium 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Nina Copeland
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Fem. 1 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm A. Copeland 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Aug. (Month) 12 (Day) 1898 (Year)

8. AGE: Years 49 Months 3 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country) 1
10. Usual occupation Telegraph Operator
11. Industry or business Telegraphy
FATHER 12. Name ____ 9
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace ____ (City, town, or county) ____ (State or foreign country) 9
16. (a) Informant Hospital Records.
(b) Address Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 28 (Day) 1948 (Year)
(c) Place: burial or cremation Hospital Cemetery
18. (a) Signature of funeral director Kays Funeral Service
(b) Address Nevada Mo.
19. (a) 1-26-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 22

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1948 hour 2:20 minute A — M.
21. I hereby certify that I attended the deceased from 1-25-1948, 19__, to 1-26-1948, 19__; that I last saw her alive on Jan. 25-1948, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	5 da.
Due to ✓	
Due to ✓	
Other conditions Dementia Precox (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
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 0
23. Signature R B Lester (M. D. or other)
Address Nevada Mo. Date signed 1-26-1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-21
Date Filed 2-3-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Allen V. 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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.