No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 21 1948

Registration District No. 1 4 4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5564

4690

State File No.

Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Rural, Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 miles southeast of Annapolis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles southeast of Annapolis
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Wesley Copeland
3. (b) If veteran, name war: no
3. (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 6 1943 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
4	8	25	hr. min.

9. Birthplace: Iron County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: John Copeland
13. Birthplace: Iron County Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Helen Leach
15. Birthplace: Butler Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: John Copeland
(b) Address: Minimum Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Annapolis Mo.
18. (a) Signature of funeral director: White Funeral Home
(b) Address: R. L. White Ironton Mo.
19. (a) 2-18-48 (Date received local registrar) (b) Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour 6 minute 00 P M.
21. I hereby certify that I attended the deceased from Feb 1, 1948 to Feb 1, 1948 that I last saw him alive on 2-1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bilateral	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: yes

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) 0
While at work?
(e) Means of injury

23. Signature: Jas. W. Hoffman (M. D. or other) MD
Address: Bismarck Mo Date signed: 2-5-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 248-253

Filed 2-20-48

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Sweetser, Ind.

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.