

FILED MAR 3 1948
248

2001 5844

Registration District No. **136**

Primary Registration District No. **2001**

Registrar's No. **136**

73
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County..... **Newton**

(b) City or town..... **Seneca, RFD**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **RFD** /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2 yrs.**
(Specify whether years, months or days)

In this community..... **2 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Newton** **73**

(c) City or town..... **Seneca, RFD** **0**
(If outside city or town limits, write "RURAL")

(d) Street No..... **RFD** **0**
(If rural, give location)

(e) Citizen of foreign country?..... **No.** **0**
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **KELLER NENO COPLEN**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex..... **Male** 5. Color or race..... **Wh.** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Mary Ethel** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **August 26, 1890**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 57 | 5 | 10 | hr. min. |

9. Birthplace..... **Redclaw, Nebraska** /
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business..... **Farmer**

12. Name..... **? Coplen**

13. Birthplace..... **Indiana** /
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Meredith**

15. Birthplace..... **Indiana** /
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mary Ethel Coplen**
(b) Address..... **at home**

17. (a) **Burial** (b) Date thereof..... **2-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Osborne Mem.**

18. (a) Signature of funeral director..... **Parker-Hunsaker**
(b) Address..... **Joplin, Mo.**

19. (a) **2-11-48** (b) **Colore Sampson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **February** day..... **5th**
year..... **1948** hour..... **6:50** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **4:20 P.M. Feb. 5 1948**
..... **4:48 P.M. Feb. 4 1948**
that I last saw him alive on..... **Feb. 4 1948**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... **apoplexy - Hypertension**

Due to.....

Due to.....

Other conditions..... **3 ft**
(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)

While at work..... (e) Means of injury.....

Signature..... **W. B. Duenker** (M. D. or other)
Address..... **Seneca, Mo.** Date signed..... **2-7-48**

W. B. Duenker - Seneca

MAR 3 1948

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Gap line nu

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.