No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1948

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15169

Primary Registration District No. 6152

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural (Liberty)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 Dexter, Mo. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James G. Copeland
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Stewart Copeland
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 21 (Day) 1868 (Year)

8. AGE: Years 79 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Iron County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

MOTHER FATHER
12. Name William H. Copeland
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann McNail
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Copeland
(b) Address R.F.D. #2, Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery
18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri
19. (a) 4-22-48 (Date received local registrar) (b) Velma V. Jankins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from 4/9 19 8, to 4/15 19 48 that I last saw him alive on 4/14 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 6 days
Due to Cardiac Vascular Renal disease
Due to
Other conditions (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
23. Signature (M. D. or other)
Address Dexter, Mo. Date signed 4/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 448-562
Date Filed 4-28-48

## 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 B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, 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.**