FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 342

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4362

State File No. 17039

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Morehouse
(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: 19 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: New Madrid
(c) City or town: Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No.: -
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

72 3 0 0

3. (a) PRINT FULL NAME: Genetta Copous
3. (b) If veteran, name war: -
3. (c) Social Security No.: -
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Turner Copous
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug (Month) 26 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	14	..... hr. - min.

9. Birthplace: Wayne County (City, town, or county) Tenn (State or foreign country)
10. Usual occupation: Domestic
11. Industry or business: -
12. Name (Father): Denny Horton
13. Birthplace (Father): Tenn (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Louisa Youngblood
15. Birthplace (Mother): Tenn (City, town, or county) (State or foreign country)
16. (a) Informant: Matt Copous
(b) Address: Morehouse, Mo.
17. (a) Burial Mo (Burial, cremation, or removal) (b) Date thereof: 4/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lilbourn Mo.
18. (a) Signature of funeral director: John Albritton
(b) Address: Sikeston, Mo.
19. (a) May 26, 1948 (Date received local registrar) (b) Thomas Sheeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour 7 minute 55 A.M.
21. I hereby certify that I attended the deceased from 4-8, 19 48, to 4-10, 19 48, that I last saw him alive on 4-8, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No
Of autopsy: No

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
23. Signature: J. M. Jones (M. D. or other) M D
Address: Morehouse Mo Date signed 4-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
548-685
5-27-48

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Silverton Me

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.