

National Office of Vital Statistics

FILED JUN 29 1948
Registration District No. 4Primary Registration District No. 3056Registrar's No. 176

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Madison
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Madison Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 months
 (Specify whether

In this community nearby her entire life
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
 (c) City or town Madison R.R.
 (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 _____

3. (a) PRINT FULL NAME Firmia Cleverley Copeland

(b) If veteran, _____ (c) Social Security No. _____
 name war _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Charles W. Copeland 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased: 2 - 27 - 1869
 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson Co. Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Darwin Snow

13. Birthplace Iowa
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Conroy

15. Birthplace Madison
 (City, town, or county) (State or foreign country)

16. (a) Informant Earl R. Copeland

(b) Address 610 Tenth St. Madison

17. (a) burial (b) Date thereof 6-25-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Cemetery

18. (a) Signature of funeral director W. A. Simpson

(b) Address Madison

19. (a) 6/25/48 (b) Earl R. Copeland
 (Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 1948 hour 7 minute 43 PM

21. I hereby certify that I attended the deceased from Dec 22, 1947 to June 23, 1948
 that I last saw her alive on June 22, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of rectum 1 year
 Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

(e) Means of injury _____

23. Signature J. C. Gurnea (M. or other) _____

Address Madison Date signed 6/23/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

39355-38

15-900-1

RECEIVED
District Health Officer No. 10
District File Number 6-48-1130
Date Filed JUN 28 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 Mrs. Pearl Thompson
Licensed Embalmer No. 21252
P. O. Address Madison 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.