FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948
Registration District No. 300

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27385
Primary Registration District No. 4449
Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Ellington
(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
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Reynolds 90
(c) City or town Ellington 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lot J. Copeland
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Ida May
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept. (Month) 24 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	9	27	..... hr. ..... min.

9. Birthplace Ellington, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name John Copeland
13. Birthplace Ken. /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ranny Moore
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Ida May Copeland
(b) Address Ellington, Mo.
17. (a) Burial (b) Date thereof 7-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ellington Cemetery Burial
18. (a) Signature of funeral director Phil A. Leuckel
(b) Address Ellington, Mo.
19. (a) 8/26/48 (b) Essie Evans 27
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 9 minute p. M.
21. I hereby certify that I attended the deceased from May 1948 to July 21 1948
that I last saw him alive on July 21 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral regurgitation	3 years
Due to enlarged heart	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 92 B	

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 A. F. Bugg (M. D. or other)
Address Ellington, Mo. Date signed 7-21

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

RECEIVED 9-7-48
District Health Officer No. 6,
District File Number 94854
9-8-48
Date Filed

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~~ 7-21-4

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren St

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.