

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26862**  
**3371**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <b>Missouri</b> b. COUNTY: <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>5934 Wabash</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ralph</b> b. (Middle) <b>W.</b> c. (Last) <b>COPELAND</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 5, 1949</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-31-98</b>
9. AGE (in years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner</b>	11. BIRTHPLACE (State or foreign country) <b>Abilene, Kansas</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Copeland Mkt.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Samuel M. Copeland</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Copeland</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>---</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dorothy Copeland</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage, Multiple</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Head Disease.</b> DUE TO (c) <b>Atherosclerosis</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442</b>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Russell W. [Signature]</b> Kemp	23b. ADDRESS <b>St. Joseph Hospital</b>	23c. DATE SIGNED <b>5 Aug 49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-8-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>8-5-49</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eylar</b>	ADDRESS <b>Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Alvin E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.