

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7058

Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township FALENA Primary Registration District No. 2002 Registered No.
 (c) City JOPLIN (d) Street No. 609 CLARK St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMELINE COPE 100

(a) Residence, No. 609 CLARK St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF POLK COPE
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.13. NAME King Myers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn.15. MAIDEN NAME Caroline (Unknown)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.17. INFORMANT MAUDE HARRLOW
(ADDRESS) 609 CLARK ST. JOPLIN, MO.18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkway Cem. DATE Feb. 14 193819. FUNERAL DIRECTOR DANPHER MORTUARY
(ADDRESS) JOPLIN, MO.20. FILED 2-12-38 Ed E. Janner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 10 193822. I HEREBY CERTIFY, That I attended deceased from 12/20, 1927, to 2/9/38, 1938.I last saw him alive on 2/5/38, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:
Dehydrated Central Nervous System
Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. J. Trotman, M. D.(Address) 106 N. Main
Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3574 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Allen E. Lanpher

Licensed Embalmer No. 3574

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.)