

REC'D OCT 7 1938

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

31961

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Christian Registration District No. 185-  
 (b) Township West-Benton Primary Registration District No. 6141  
 (c) City Near Bruner (d) Street No. \_\_\_\_\_ 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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. \_\_\_\_\_

## 2. PRINT FULL NAME

- (a) Residence, No. Copershulle, Mo. Rt. 1 St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
wid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 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) Overtown County Tennessee13. NAME George Copeland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overtown County Tennessee15. MAIDEN NAME Emmaline Walker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) E. S. Copeland Copershulle, Rt. 118. BURIAL, CREMATION, OR REMOVAL PLACE W. H. Haynie DATE Aug. 23-193819. FUNERAL DIRECTOR (NAME) (ADDRESS) B. D. Klepper Ozark, Mo.20. FILED 10-1 1938 Josephine Merritt Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11: P. m.

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

Apoplexy.Other contributory causes of importance: gaa

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. W. Maples, Coroner, M.D.(Address) Clevel. Mo. 14

RECEIVED

District Health Officer No. 6,

District File Number 6-38-258

Date Filed 10-5-38

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,

B. C. Klepper

, or by

Forest Klepper

Registered Apprentice No. 143

, working under my personal supervision.

Signed

B. C. Klepper

Licensed Embalmer No. Mo 2178

P. O. Address Osark, 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, above space should be left blank.