

REC'D FEB 20 1939

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

1335

Do not use this space.

348

1. PLACE OF DEATH, Jackson
 (a) County Kaw Registration District No. 1
 (b) Township Kansas City, Missouri Primary Registration District No. _____ Registered No. _____
 (c) City Kansas City, Missouri (d) Street No. 1404 Wabash Avenue, K. C. Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Nancy Copen
 (a) Residence, No. 1404 Wabash Avenue, K.C. Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Copen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13th, 1847</u>				
7. AGE	YEARS <u>91</u>	MONTHS <u>11</u>	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>			
	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) <u>Illinois</u>				
FATHER	13. NAME <u>John Cripps,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record.</u>			
MOTHER	15. MAIDEN NAME <u>Edwards,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record.</u>			
17. INFORMANT <u>Bert Melvin, 1414 Wabash Avenue,</u> (ADDRESS) <u>Kansas City, Missouri.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah Cem.</u> DATE <u>Jan. 27th, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs. C. L. Forster</u> <u>918 Brooklyn Avenue, K.C. Mo.</u>				
20. FILED <u>Jan. 27, 1939</u> <u>M. M. Conrad, Reg.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1927, 1927, to Jan 25, 1939
 I last saw her alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 11; m. A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis Date of onset 1938
94B

Other contributory causes of importance:
Arteriosclerosis 1927

Name of operation none Date of _____
 What test confirmed diagnosis? Heart Pressure Was there an autopsy? Yes

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) C. J. C. C. C., M. D.
 (Address) 2602 East 15. Kansas City

Dr. Mc Cormick,
Phone

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.....

Licensed Embalmer No.....

P. O. Address.....

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.