

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

20041
Do not use this space.

1939 JUN 24 1939

1. PLACE OF DEATH

(a) County Vernon Registration District No. 87261566
(b) Township Dunwood Primary Registration District No. 4526 Registered No. _____
(c) City Nebraska (d) Street No. Nebraska, Mo. R.F.D. # 3 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 79 yrs. 11 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Nebraska, Mo. R.F.D. # 3 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Copeland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 .. 11 .. 13

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. Farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County, Missouri

FATHER 13. NAME Martin Copeland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary Brasier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Bell Cundiff Tulsa, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Winton cemetery DATE May 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nebraska, Mo

20. FILED May 7, 1939 Mrs. R. A. Earl Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 39 to Apr. 29, 1939

I last saw him alive on Apr. 27, 1939. Death is said to have occurred on the date stated above, at 8:45 A. M.

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

Other contributory causes of importance: 946

Name of operation _____ Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? No

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) CR King, M. D.

7911 (Address) Nebraska, Mo

RECEIVED

District Health

District File Number

Date Filed

Officer No. 7,

7-39-85-1

6-2-39

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 personally
....., Registered Apprentice No.
working under my personal supervision.

Signed R. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Wuadley, 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.