

DESD JUL 19 1939

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

23420

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 827
(b) Township East Primary Registration District No. 4500
(c) City Clarence Mo or (d) Street No. _____ Registered No. 19
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Fannie Eliza Edwards St. (If nonresident, give city or town and State)
(b) Clarence Mo (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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Malby Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23 - 1879</u>		
7. AGE <u>62</u> YEARS	<u>3</u> MONTHS	<u>17</u> DAYS
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarence Mo R # 10</u>		
13. NAME <u>Luther Copenhagen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Virginia Pitler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) <u>Malby Edwards</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>unplotted</u> DATE <u>6/16</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>William Bodulick</u> <u>Clarence Mo</u>		
20. FILED <u>6-15</u> 19 <u>39</u> <u>Ray Hamilton</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 1939 to June 14 1939
I last saw him alive on June 6 1939 Death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous nephritis

Other contributory causes of importance: none

Name of operation none Date of no
What test confirmed diagnosis? Microscopic there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 1939
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) D. L. Hulan M. D.
Clarence Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1149

Date Filed JUL 7 1939

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.