

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44845
Registrar's No. 48

JAN 16 1940
Registration District No. 836

Primary Registration District No. 4507

1. PLACE OF DEATH: Stoddard Co
Berrie Mo
(a) County
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME A A Copper 160
8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ette Copper 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 8 - 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature A A Copper

(b) Address Berrie, Mo

17. (a) Berrie, Mo (b) Date thereof 12/18-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berrie Mo

18. (a) Signature of funeral director Laura Hopkin

(b) Address Campbell Mo

19. (a) 12-20-1939 (b) Laura Hopkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County Stoddard
(c) City or town Berrie (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1939 hour 11 minutes 2 M.

21. I hereby certify that I attended the deceased from 12-16-39
_____, 19____, to 12-16-, 1939
that I last saw him alive on 12-16-, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Admission to hospital Duration 10
Due to Berrie, Mo

Due to _____

Other conditions 11/16
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Laura Hopkin (M. D. or other) 1

Address Berrie, Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

STATE OF MONTANA

RECEIVED

Health Officer No 2

Number 140-537

1-15

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 *E. W. Anderson*

Licensed Embalmer No. *2289*

P. O. Address *Campbell*

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.

