DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7317

Registration District No. 538 Primary Registration District No. 3028 Registrar's No. 15

1. PLACE OF DEATH
(a) County Madison
(b) City or town Fredericktown (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 7
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo ✓ (b) County Madison
(c) City or town Fredericktown (If outside city or town limits, write "RURAL") 5
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Jane Copher 160
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Copher
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 19 (Day) 1868 (Year)

8. AGE: Years 71 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Near Fredericktown Mad Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name Jacob Howell
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Thomas
15. Birthplace On Ocean enroute from England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Esther Harris
(b) Address Fredericktown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Old Home Cemetery
18. (a) Signature of funeral director Ed Hedgeb
(b) Address Fredericktown Mo
19. (a) Mch 2 - 1940 (Date received local registrar) (b) B. C. S. Laughlin By C. Presnell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1940 hour 2 minute 50 A.M.
21. I hereby certify that I attended the deceased from Feb. 17 1940, to Feb 29 1940; that I last saw her alive on Feb 18 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration ?
Due to 1 d
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Hurley J. Fendrick (M. D. or other) MD
Address 143 E. Main St. Date signed Mar 1 1940

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39 Form 1 X19511

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~~ Myron A. La Pee, Registered Apprentice No. ....., working under my personal supervision.

Signed Myron A. La Pee

Licensed Embalmer No. 4025

P. O. Address Fredericktown, 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.