

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 2-17-39 I 11951

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.

Registration District No. 508

Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Livingstone
(b) City or town Chillicothe
(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)
(d) Length of stay: In hospital or institution 2
In this community 35 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingstone
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 343 Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William J. Couper
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 3
year 1940 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Did not attend deceased, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Blanche Couper
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased January 4 1966
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration Four minutes

8. AGE: Years 74 Months 8 Days 29
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Retired
12. Name James Couper
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Cassie Blaudd
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Gladys Singleton
(b) Address Chillicothe, Mo.
17. (a) Burial (b) Date thereof 10/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Abingtown, Ill.
18. (a) Signature of funeral director James D. Dorton
(b) Address Chillicothe, Mo.
19. (a) Oct. 5-1940 (b) W. W. W. W.
(Date received local registrar) (Registrar's signature)

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? At home
(Specify type of place) While at work? _____ (a) Means of injury _____
23. Signature A. Callier - Dep. Coroner (M. D. or other) _____
Address Chillicothe, Mo. Date signed Oct 4-1940

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.....

Donald F. Gordon....., Registered Apprentice No. 223
working under my personal supervision.

Signed James D. Gordon
Licensed Embalmer No. 1870
P. O. Address Chillicothe, 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.