

No. 2  
12-40  
7-39  
X23159  
FILE

DEC 14 1940

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Primary Registration District No. 3004

Registrar's No. 88

1. PLACE OF DEATH

(a) County Bates

(b) City or town Butler  
(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. (Specify whether)

In this community 1 week. years, months or days 2

3. (a) PRINT FULL NAME WILBUR JAY COPE

3. (b) If veteran, name war ✓

3. (c) Social Security No. F

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 22, 1928  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
12	6	7	hr. min.

9. Birthplace New Home Twp. Bates Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation school pupil

11. Industry or business

12. Name John Logan Copes

13. Birthplace Bates Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Grace Osborne

15. Birthplace Bates Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Cope

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof Dec 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver 53

(b) Address Butler Mo

19. (a) Dec 1, 1940 (b) Nina L. Culver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Butler  
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29  
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-21-40  
1940 to 11-29- 1940  
that I last saw him alive on 11-29- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis  
due to Gun Shot Wound

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 164

Major findings: Peritonitis 31

Of operations Peritonitis

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) accident

(b) Date of occurrence Nov 21, 1940

(c) Where did injury occur? Butler Bates Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at neighbor's home in yard.

While at work? no. (Specify type of place) (e) Means of injury gun shot wound.

23. Signature Phillips (M. D. or other) MD  
Address Butler Mo Date signed Dec 1940

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

RECEIVED

District Health Officer No. 7

District File Number 12-40-1753

Date Filed 12-11-40

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, by

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

R. Denton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, 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, fact should be so stated above.