

No. 2
-13-40
-17-39
X23159
8

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Marion, Walker T. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Moniteau County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two yrs **3**

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Clarksburg
(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.

3. (a) PRINT FULL NAME Ethel Copas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Chas Copas

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

7. Birth date of deceased Oct. 25 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months _____ Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Copas County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation County Patient **0**

11. Industry or business _____

12. Name Jacob Lerry

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

14. Maiden name Emma Miller
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Elva Howard

(b) Address Clarksburg, Mo.

17. (a) burial (b) Date thereof Nov. 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son

(b) Address California, Mo.

19. (a) 11-23-40 (b) A. R. Poppey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day Nov 1940
year 12 hour _____ minute A M.

21. I hereby certify that I attended the deceased from 9-20-1940 to 11-19-1940
that I last saw her alive on 11-19-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis

Due to cause unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations _____

Of autopsy no

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? _____

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

23. Signature A. R. Poppey (M. D. or other) **!**
Address California Date signed 11-23/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{was not embalmed} by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. W. Wilson

Licensed Embalmer No. 777

P. O. Address California, 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.