

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25843

Registration District No. 678

Primary Registration District No. 4404

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town St James Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town St James  
(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 Isaac J Copeland

3. (b) If veteran, name war \_\_\_\_\_ 3. (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 Verda Copeland  
6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased 9-1-1899  
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER { 12. Name Isaac N. Copeland  
13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name Nancy Burgett  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Verda Copeland

(b) Address St James Mo

17. (a) Burial (b) Date thereof 8-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director W E Schlieder

(b) Address St James Mo

19. (a) 8-11-41 (b) Selsie B Housh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5  
year 1941 hour 12:50 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 10, 1941 to 8-5-41, 1941  
that I last saw him alive on 8-5-41, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 131a

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? \_\_\_\_\_

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

28. Signature W E Schlieder (M. D. or other) MD

Address St James Mo Date signed 8/11/41

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

AUG 25 1941

DEC 7 1941

**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

*Orrell E. Kiehl*

Licensed Embalmer No. *35146*

P. O. Address *St James*

**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.