. No. 2
-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40991

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4669

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 101 West Armour Blvd.-1st Floor (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - (Specify whether In this community 21 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048 3 8

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 101 West Armour Blvd-1st Floor (If rural, give location)

(e) If foreign born, how long in U. S. A.? - 0 years.

3. (a) PRINT FULL NAME Mr. Homer Coppage

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Mrs. Florence Coppage

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 21 (Day) 1885 (Year)

8. AGE: Years 56 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Covington (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Bank Clerk

11. Industry or business Stock Yard Bank-Cincinnati Ohio

FATHER
12. Name John Coppage
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Jennie Darnaby
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Elmo Fisher
(b) Address 1043 West 57 Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Dec. 16, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1941 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 16, 1941, to Dec. 14, 1941; that I last saw him alive on Dec. 13, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy - Cerebral Hemorrhage	few minutes
Due to Arterial Hypertension	6 yrs.
Due to	
Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)	6 yrs.

Major findings:
Of operations
Of autopsy 830

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 Edw. H. Hashinger (M. D. or other) MD
Address 1000 Professional Bldg Date signed 12/14/41

(Licensed Embalmer's Statement on Reverse Side)

1506 Professional Bldg.
1-4

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.