

FILED FEB 18 1942

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline Mo. 44th
(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 40 Yrs. years, months or days

3. (a) PRINT FULL NAME William Copenhaver

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jenny Copenhaver 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 1 1859 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Shelbville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER
12. Name Lenard M. Copenhaver
13. Birthplace Shendoa Co. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Graham
15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jennie Copenhaver
(b) Address Marceline Mo.

17. (a) Burial (b) Date thereof 1/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation M. Olivet

18. (a) Signature of funeral director James M. Langhain
(b) Address Marceline Mo.

19. (a) 1-9-42 (b) Oliver L. Barrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Marceline Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Hauser St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1942 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 1, 1937 to Jan 6, 1942
that I last saw him alive on Jan 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed probably coronary occlusion
Due to Coronary occlusion

Due to _____
Other conditions (Include pregnancy within 3 months of death) 9/40

Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature W. B. Putman (M. D. or other) M.D.
Address Marceline Date signed 1/10/42

Duration
3 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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..... *Dale Bunch*
Licensed Embalmer No. *4088*
P. O. Address *Marcelin 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.