

FILED SEP 28 1943
Registration District No. **949**

Primary Registration District No. **1002**

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: **Memorial Hosp**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether)
 In this community **56 yrs**
years, months or days

3. (a) PRINT FULL NAME **Sam Copj Copelman**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **3 divorced**
 6. (b) Name of husband or wife **Trances**
 6. (c) Age of husband or wife if alive **unk.** years
 7. Birth date of deceased **June 19 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **2** Days **21**
 If less than one day hr. _____ min. _____

9. Birthplace: (City, town, or county) _____ (State or foreign country) **Russia**

10. Usual occupation: **Salesman**

11. Industry or business: **Adv.**

MOTHER FATHER:
 { **12. Name:** **Hayman Copelman**
 { **13. Birthplace:** (City, town, or county) _____ (State or foreign country) **Russcia**
 { **14. Maiden name:** **Libble Binkowicz**
 { **15. Birthplace:** (City, town, or county) _____ (State or foreign country) **Russia**

16. (a) Informant: **Jack Copelman**
 (b) Address **K. C. Mo.**

17. (a) Burial: (b) Date thereof **9-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sheffield Cem**

18. (a) Signature of funeral director: **P. Louis Funeral Home**
 (b) Address **K. C. Mo.**

19. (a) 9-17-43 (b) **J. E. Brown, Dep.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL.")
 (d) Street No. **Drake Hotel**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **10**
 year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 22 1939** to **Sept 10 1943**
 and that death occurred on the date and hour stated above.
 I last saw him alive on **Sept 10 1943**

Immediate cause of death **uremia**
 Due to **arteriosclerosis**
chronic nephritis

Other conditions **arteriosclerotic heart**
(Include pregnancy within 3 months of death)
diseas; diabetes mellitus

Major findings:
 Of operations _____
 Of autopsy **61**

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)
 (b) Means of injury _____
23. Signature: **J. E. Brown** (M. D. or other) _____
 Address **K. C. Mo.** Date signed **9/14/43**

Duration _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

WF 9500

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.....
Licensed Embalmer No. 3110
P. O. Address..... F. 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.

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