

FILED OCT 6 1943 82

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. 118

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs (Specify whether 0)
In this community 24 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 027
(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 825 LOCUST STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME INFANT SON OF MR & MRS K.C. COPELAND

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE 0 5. Color or race WHITE 0
6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased SEPTEMBER 19 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 7 hr. 45 min.

9. Birthplace BOONVILLE MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name KENNETH C. COPELAND

13. Birthplace META MISSOURI 0
(City, town, or county) (State or foreign country)

14. Maiden name KATHERINE KEENEY

15. Birthplace FREEBURG MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant KENNETH C. COPELAND

(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/20/43
(Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Sept-20-43 (Date received local registrar) (b) Dr. Chas. Swapp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 19th
year 1943 hour 8:15 minute 8 A.M.

21. I hereby certify that I attended the deceased from Sept 19 43 to Sept 19 43
that I last saw him alive on Sept 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 1/2 mo. gestation)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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 0

23. Signature J.C. Beckert MD (M.D. or other)

Address Boonville Mo Date signed 9-20-43

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

MOTHER FATHER

1088

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 10-1-43

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.