

NOV 12 1943

Registration District No. 341

Primary Registration District No. 61822

Registrar's No. 43

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Rural, Liberty Twp.
(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 _____
years, months or days

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

3. (a) PRINT FULL NAME Sarah Elmira Copeland
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 17
 year 1943 hour 4 minute 0 p. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Geo. Albert Copeland
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 19 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 10, 1943 to Sept. 17, 1943
 that I last saw her alive on Sept. 17, 1943
 and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death myocarditis
 Due to High Blood Pressure and Senility

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

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: 9321
 Of operations _____
 Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____
 12. Name John R. Dowdy
 13. Birthplace No Record
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Garner
 15. Birthplace No Record
(City, town, or county) (State or foreign country)

Due to _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rex Day
 (b) Address Dexter, Mo.

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? _____

17. (a) Burial (b) Date thereof 9/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dexter Cem.

While at work? _____ (Specify type of place)
 (e) Means of injury 2
 23. Signature [Signature] (M. D. or other) [Signature]
 Address Dexter Date signed 9/23/43

18. (a) Signature of funeral director Blankenship-Strickland
 (b) Address Dexter, Mo.
 19. (a) 10-28-43 (b) Nora Smith
(Date received local Registrar) (Registrar's signature)

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

03

1134

RECEIVED

District Health Office No. 2,

District File Number 1143-1412

Date Filed 11-11-43

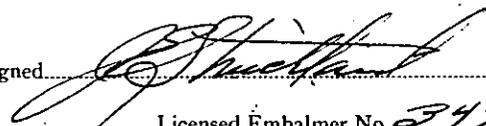
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3479

P. O. Address Alapaha, VA.

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.