

No. 2
-2-43
-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1317

FILED FEB 28 1944
1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 70

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:
711 West 44th Street
(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 Years
years, months or days)

3. (a) PRINT FULL NAME Ida B. Coppock
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife LeRoy H. Coppock 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) uk (Day) (Year)

8. AGE: Years About 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Bainbridge Ind
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Gibbens
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Earl L. Coppock

(b) Address Blackfoot, Idaho

17. (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) Jan 7 1944 (b) Se Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 2
(d) Street No. 711 West 44th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-4-44 day _____
year _____ hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 4 6 AM
1944 to Jan 4, 49 M 1944
that I last saw her alive on Jan 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompenation 1 week
Pulmonary Edema 1 hour
Mitral Regurgitation several years

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

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Madison Anderson (M. D. or other) _____
Address 723 W 45th Date signed 1-5-1944

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

Co. Deane Anderson
723 - W. 45th St.
6. pm.
10-6477 - Call ahead before
quitting

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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.