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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 15917

Registrar's No. 2297

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: 4919 East 31st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 11 years

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. 4919 East 31st Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick William Copson, Sr.
3. (b) If veteran, name war No
3. (c) Social Security No. 486-09-6491
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Emma Copson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March (Month) 17 (Day) 1880 (Year)

8. AGE: Years 65 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Hamburg (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Bridge Worker
11. Industry or business Union Bridge Const. Co.
12. Name Harry Copson (Father)
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown (Mother)
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Emma Copson
(b) Address 4919 East 31st Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director W. H. Newcomer & Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 5-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1945 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from 5/25/45, 19__, to 5/26, 1945, that I last saw him alive on 5/25, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94A

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 J. E. Boell (M. D. or other)
Address 1102 E 47th Date signed 5/26/45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kc 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.