

FILED JUN 14 1945
Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 318

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town TRITON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
805 East 9th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 73 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 805 East 9th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROBERTA COPPLE

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1945 hour 1:15 minute A M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 22, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov - 1945 to April 6, 1945
that I last saw him alive on May 6, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

9. Birthplace Linn Co Mo
(City, town, or county) (State or foreign country)

Due to Hypertension

Due to arteriosclerosis

10. Usual occupation Homemaker

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

11. Industry or business Home

Major findings: Of operations Stroke

Of autopsy _____

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

12. Name John Henry COLLINS

13. Birthplace Linn Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Payne

15. Birthplace Linn Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Page Copple

(b) Address Trenton Missouri

17. (a) Burial (b) Date thereof May 9 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green cemetery Trenton Mo

18. (a) Signature of funeral director Wm. A. Allen

(b) Address Trenton Mo

19. (a) 5-9-45 (b) W. D. Roberts
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature W. A. James (M. D. or other) MD

Address Trenton Mo Date signed 5-8-45

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

1332

RECEIVED
District Health Officer No. 111
District File Number
Date Filed

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 Myself, Registered Apprentice No. _____ working under my personal supervision.

Signed Raymond A. Davis
Licensed Embalmer No. 3424
P. O. Address Shenton 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.