No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3219

State File No.

FILED FEB 18 1946

Registration District No. 18

Primary Registration District No. 5701

Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County LIVINGSTON
(b) City or town UTICA Mo. Jan
(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 42 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County LIVINGSTON
(c) City or town UTICA, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME EMMA JANE COPPLE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife WILLIAM L. COPPLE

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JAN. (Month) 5 (Day) 1860 (Year)

8. AGE: Years 85 Months 11 Days 28 If less than one day ✓ hr. ✓ min.

9. Birthplace KNOX COUNTY, ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ✓

FATHER
12. Name JOHN TEMPLE
13. Birthplace ✓ PA. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY
15. Birthplace ✓ PA. 1
(City, town, or county) (State or foreign country)

16. (a) Informant INEZ HARLOW
(b) Address UTICA, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation COWGILL, Mo.

18. (a) Signature of funeral director Gene C. Michael
(b) Address Braymer, Mo.

19. (a) 1-7-46 (Date received local registrar) (b) Kathleen Potts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1946 hour 2 minute 0 A M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to Jan 2, 1946
that I last saw her alive on Dec 31, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	3 days
Due to Arterio sclerosis	15 yrs
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G W Cushman (M. D. or other)
Address Chillicothe Mo Date signed Jan 4/46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ Gene C. Michael, ~~Registered Apprentice No.~~ ~~working under my personal supervision~~.

Signed Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.