

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 7 1946
231

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 4347

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Middleton Mo
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montg. Co

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME David Richard Copenhaver

3. (b) If veteran, name war _____ (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 10 minute 00P M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mattie McInusey

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 22 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2nd 1946 to May 3rd 1946 that I last saw him alive on May 2nd 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 7 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Apoplexy

Due to Arteriosclerosis

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

Due to _____

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

10. Usual occupation Retired Merchant

11. Industry or business Merchandising

Major findings: _____

Of operations: g 30'

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Lack Copenhaver

13. Birthplace Pike Co MO
(City, town, or county) (State or foreign country)

14. Maiden name ZARRITA Love

15. Birthplace Pike Co MO
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mattie Copenhaver

(b) Address Middleton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Middleton Mo

While at work? _____ (Specify type of place)

(e) Means of injury: 0

18. (a) Signature of funeral director Pritchard

(b) Address Middleton Mo

19. (a) May 4 1946 (Date received local report) (b) J. W. Chapman (Registrar's signature)

23. Signature A. Birch (M. D. or other) _____

Address Middleton Mo Date signed 5/4/46

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

16344

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-5-46

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 [Signature]
Licensed Embalmer No. 3009
P. O. Address Willsville

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.