

**FILED** SEP 3 1946  
Registration District No. 583

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 124 days  
(Specify whether  
In this community 124 days  
years, months or days)

3. (a) PRINT FULL NAME Margie Coppedge

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 6 1929  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

16 11 26 hr. min.

9. Birthplace St. James Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Noel Coppedge

{ 13. Birthplace St. James Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mabel Kenney

{ 15. Birthplace St. James Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof July 3-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director H. O. Fassett

(b) Address Mt. Vernon, Mo.

19. (a) 1-8-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 8/6

(c) City or town St. James 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 2

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2d  
year 1946 hour 5:25 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 1st 19 46 to July 2d 19 46  
that I last saw her alive on July 2d 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary Tuberculosis Apt 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tuberculous involvement of genito-urinary tract, removal of right kidney & vrs. followed by persistently draining sinus. 13/1  
(Include pregnancy within 3 months of death) PHYSICIAN

Major findings: \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 C. A. Bush (M.D. or other) 0  
Address Mt. Vernon, Missouri Date signed 7-2-46

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RECEIVED

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District Health Officer No. 6,

District File Number 846-820

Date Filed AUG 2 - 1948

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 H. D. Yessett

Licensed Embalmer No. 2201

P. O. Address mt Dennis ma

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.