

FILED APR 25 1947

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1205 Madison, Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life-time  
years, months or days)

3. (a) PRINT

FULL NAME Joel Copeland

3. (b) If veteran,

name war X

3. (c) Social Security

No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased April  
(Month)

14, 1947  
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

0

0

0

2 hr.

min.

9. Birthplace Caruthersville, Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Joseph Copeland

13. Birthplace Hardin, Co., Tenn.

(City, town, or county)

(State or foreign country)

14. Maiden name Obion Downing

15. Birthplace Caruthersville, Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant Joseph Copeland

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 4/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 4-17-47 (b) Frescoe B. Wilkes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1205 Madison, Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from  
Apr. 14 - 1947 to Apr. 14 1947  
that I last saw him alive on Apr. 14 - 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Premature Birth  
5 1/2 months

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

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

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature F. P. Pison (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 4-14-47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4-47-131

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.....

*Body Was Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *James A. Osburn*  
Licensed Embalmer No. *4185*  
P. O. Address *Barre, Vt., 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.