

Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **190**

1. PLACE OF DEATH:
 (a) County **Dunklin**
 (b) City or town **Kennett**
 (c) Name of hospital or institution: **Presnell Hospital**
 (d) Length of stay: **13 days**
 In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Dunklin**
 (c) City or town **Hornersville**
 (d) Street No. **in town**
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Edwin Grey Cope**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **64**
 6. (b) Name of husband or wife **Hattie Glass Cope**
 6. (c) Age of husband or wife if alive **64**
 7. Birth date of deceased **8-14-1881**

8. AGE:
 Years **65** Months **9** Days **14**
 If less than one day hr. min.

9. Birthplace **Ripley County Missouri**

10. Usual occupation **Doctor - M.D.**

11. Industry or business **Medicine**

12. Name **Ryhard Cope**

13. Birthplace **Tennessee**

14. Maiden name **Maktha Swanner**

15. Birthplace **Missouri**

16. (a) Informant **Hattie Glass Cope**

(b) Address **Hornersville - Mo.**

17. (a) Burial (b) Date thereof **May 30, 1947**

(c) Place: burial or cremation **Hornersville Cemetery**

18. (a) Signature of funeral director **Paul Salomon**

(b) Address **Kennett - Mo.**

19. (a) Date received local registrar **6-2-47** (b) Registrar's signature **Earl Husband**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **28th** year **1947** hour **2:40** minute **9** M.
21. I hereby certify that I attended the deceased from **Nov. 20** 19 **47** to **May 28** 19 **47**.
 that I last saw him alive on **May 28** 19 **47** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**
 Due to **Coronary Occlusion**
 Due to **Hypertension**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **54P**
 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
23. Signature **George J. Hummer** (M. D. or other) **M.D.**
Address **Kennett Mo** Date signed **5/29/47**

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

35
2
2

RECEIVED

District Health Office No. 2,

District File Number 647-~~855~~ 86

Date Filed 6-16-47

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.....

Alvin F. Lemonds....., Registered Apprentice No. 415
working under my personal supervision.

Signed [Signature].....

Licensed Embalmer No. 2556.....

P. O. Address Kennett.....

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.