

FILED NOV 19 1947

10

3002

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
404 W. Whitley St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. 404 W. Whitley St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ira Lee Copeland

3. (b) If veteran, name war World War 11 3. (c) Social Security No. 496-12-0453

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Delta M. Copeland 6. (c) Age of husband or wife if alive 21 years
 7. Birth date of deceased Sept. 19, 1920
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 1 26 hr. min.

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

10. Usual occupation Laborer
 11. Industry or business Fire Brick Co.

MOTHER FATHER
 12. Name Samuel Copeland
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delta M. Copeland
 (b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 47
 (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Puckett
 (b) Address Mexico, Mo.

19. (a) 11/15/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
 year 1947 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from Crown Point, 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death The jury fully decide that the deceased, Ira Lee Copeland came to his death by death of his own act by shooting him self with a #12 Gage shot gun. Cause of this act unknown.
 Other conditions The jury signed Jury & Coroner.
 (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None
 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) suicide
 (b) Date of occurrence Nov. 14-1947
 (c) Where did injury occur? his home Mexico, Mo. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
home Mexico, Coahuila, Mo. (Specify type of place)
 While at work? No (e) Means of injury shot gun
 23. Signature S. C. Adams (M. D. or other) Coroner
 Address Mexico, Mo Date signed 11-15-47

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

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47

NOV 22 1947

RECEIVED
District Health Officer No. 10
11-47-1586
NOV 18 1947

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.....

Clarence C. Robinson

Registered Apprentice No. *56*

working under my personal supervision.

Signed *Earl E. Pruitt*

Licensed Embalmer No. *3189*

P. O. Address *Mexico 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.