

No. 2
-5-43
-17-39
X36671

FILED DEC 15 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5099

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1811 E. 24th 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 all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1811 E 24th
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME JOHN HENRY COPES

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race negro 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 August 7 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Vanderbilt Copes

13. Birthplace Minden La. (City, town, or county) (State or foreign country)

14. Maiden name Virginia M. I. Noosh

15. Birthplace Independence Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Vanderbilt Copes

(b) Address 1811 E. 24th St.

17. (a) Burial (b) Date thereof Dec. 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Farmico Street

(b) Address 1708 E. 15th St.

19. (a) 12-4-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1947 hour 6 minute 8 P. M.

21. I hereby certify that I attended the deceased from
Dec. 1, 1947 to Dec. 2, 1947
that I last saw him alive on Dec. 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy INTOSH

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 0

23. Signature L. W. Booker (M. D. or other)

Address 2024 2nd Date signed 12/3/47

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

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 Fannie T. Meek
Licensed Embalmer No. 3818
P. O. Address.....

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.