

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

FILED JAN 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41616**
Registrar's No. **5553**

Registration District No. **149**

Primary Registration District No. **10.0.1**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1419 Summit Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Edward Copeland**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **486-09-6470**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna Copeland**
6. (c) Age of husband or wife if alive **70 years**
7. Birth date of deceased **Dec. 23 1878**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **6**
If less than one day hr. min.

9. Birthplace **Black Oak, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook**

11. Industry or business

MOTHER FATHER {
12. Name **Jousha M. Copeland**
13. Birthplace **Harrison, Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Phillips**
15. Birthplace **Black Oak, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Copeland**
(b) Address **1419 Summit St. K.C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-31-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary:K.C.Kan.**

18. (a) Signature of funeral director **Weilert Funeral Home**
(b) Address **Kansas City, Missouri**

19. (a) **12-31-47** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1419 Summit Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **29th**
year **1947** hour **4:05PM** minute M.

21. I hereby certify that I attended the deceased from **Coroner** 19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**

Due to **arteriosclerosis**

Due to

Other conditions (include pregnancy within 3 months of death) **93d**
Major findings: Of operations
Of autopsy **History of Emphysema**

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? (e) Means of injury

23. Signature **J. M. Walker** (M. D. or other) **am**
Address **1424 1/2 W. 11th** Date signed **12-31-47**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Blaine E. Weibert
Licensed Embalmer No. 4075
P. O. Address K.C. 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.