

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

1. PLACE OF DEATH:  
 (a) County Dade  
 (b) City or town So. Greenfield B. R. South  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Residence  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Native  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dade 29  
 (c) City or town So. Greenfield R. S.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles C. Copeland  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 30  
 year 1947 hour 11 minute 45 A. M.

4. Sex male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Chontelle  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased: 6-3-1875  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-29-47  
 to 10-29, 1947  
 and that death occurred on the date and hour stated above.  
 that I last saw him alive on 10-30, 1947

8. AGE: Years 72 Months 4 Days 27  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Suppression of urine  
 Due to Prostatitis  
urinary poison  
 Due to \_\_\_\_\_

9. Birthplace Jasper Co. Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: 123 B  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Seaborn Copeland  
 13. Birthplace Alabama  
 14. Maiden name Margie Williams  
 15. Birthplace California Mo.  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (c) 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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant Poland Copeland  
 (b) Address So. Greenfield Mo. B. R.  
 17. (a) Burial (b) Date thereof: 11-2-1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shilo  
 18. (a) Signature of funeral director Morris Herman  
 (b) Address Miller Mo.  
 19. (a) 12-15-47 (b) Geo. W. Weir  
 (Date received local registrar) (Registrar's signature)

23. Signature W. S. Boiney (M. D. or other) \_\_\_\_\_  
 Address Smiles, Mo. Date signed 11-7-47

RECEIVED  
District Health Officer No. 6;  
District File Number 148-66  
Date Filed JAN 14 1948

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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 *A. B. Leina*

Licensed Embalmer No. 3297

P. O. Address Miller 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.**