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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 31 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 90

Primary Registration District No. 51.2.1

7841

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Harrisonburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perchie Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years years, months or days

3. (a) PRINT FULL NAME Maggie Copher
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race H. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James W. Copher 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 16 1888
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rich Banks
13. Birthplace Boone Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Caliza Claston
15. Birthplace Haward Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Red James W. Copher
(b) Address Harrisonburg, R.F.D.

17. (a) Burial (b) Date thereof Mar. 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. W. Lett
(b) Address 407 C.C. Ave., Columbia, Mo.

19. (a) 3-26-48 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Harrisonburg Route 0
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1948 hour 3:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 20
1948, to _____, 19____;
that I last saw her alive on March 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - pelvis?
secondary anemia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 5 5 1
Of autopsy _____

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) _____
(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 M. J. Lett (M. D. or other) _____
Address Fayette, Mo Date signed 3/23/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 30 1948

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

Signed Lynnan A. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.