

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FILED MAY 22 1948  
Registration District No. 3120

Primary Registration District No. 3076

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At home 1104 N. Adams St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Many years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. 1104 N. Adams Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elias Abner Copeland

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased: Mar 3 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1948 hour 2 minute 00 AM.

21. I hereby certify that I attended the deceased from on May 9 1948 to 5-9 1948  
that I last saw him alive on May 9 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
80 2 6 hr. \_\_\_\_\_ min.

Immediate cause of death: Acute myocardial failure Duration 1 hr

Due to Arteriosclerotic  
Cardio-vascular disease ?

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Near Mt Pulaski Ill. (City, town, or county) (State or foreign country)

10. Usual occupations Farming (Retired)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Abner Copeland

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Buckler

15. Birthplace unknown 8 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dan Deutchfeld

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof May 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen V. Stays

(b) Address Nevada, Mo.

19. (a) 5-17-48 (b) Hathorn Varday  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 93

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 Roy W. Turner (M. D. or other) MD  
Address Nevada, Mo. Date signed 10 May 48

RECEIVED

District Health Officer No. 7,

District File Number 4-48-552

Date Filed 5-21-48

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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.....

Bert B. Bennett, Registered Apprentice No. 83  
working under my personal supervision.

Signed Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.